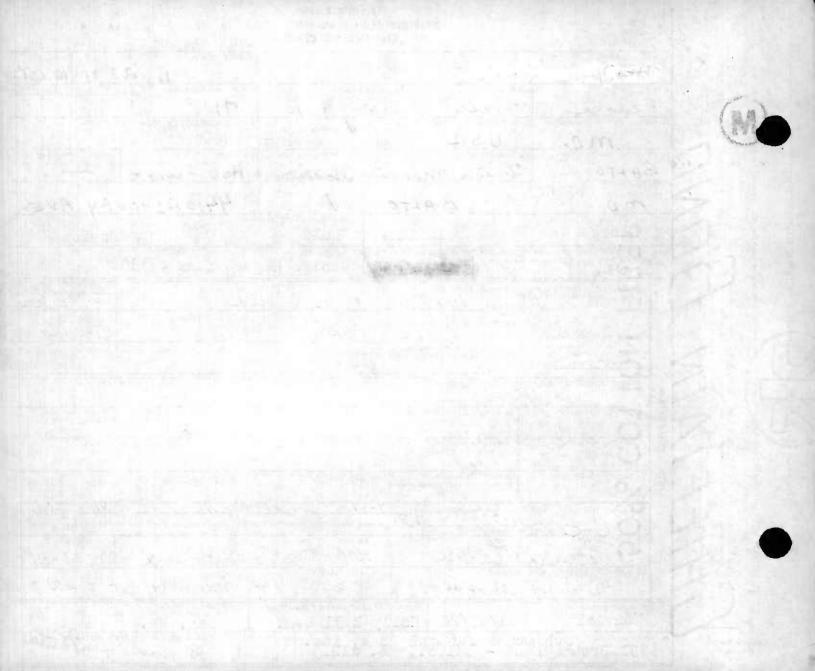
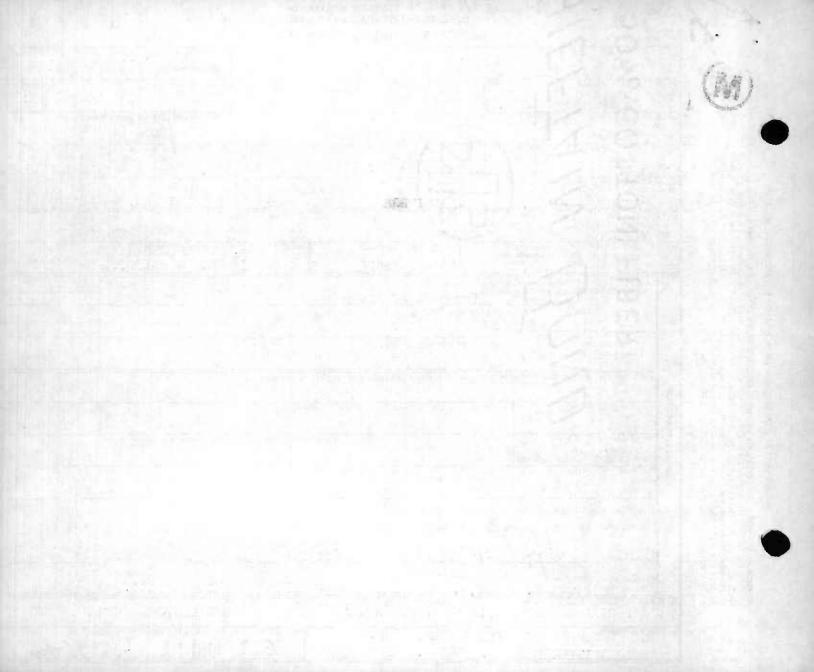
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	23a. E	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY Olly Hill Cem.	23d. LOCATION CITY OR TOWN	COUNTY STATE
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3 SE	Male	T T	Cauca	asian	S. DATE O	CAY	1920	6 AGE IN YEARS LAST	BIRTHOAY)	MONTHS DAYS	
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74 FUNERAL DIRECTOR
Mac Nabb Funeral Home

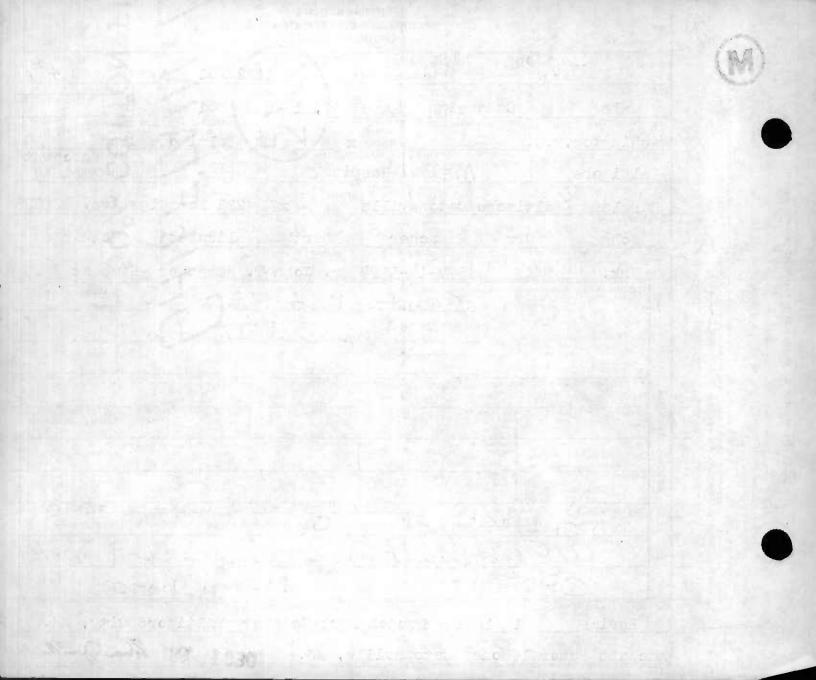
230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b DATE /1/81 12

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Baltimore Loudon Park Cemetery

City, GISTRAR 256 REGISTRAR'S SIGNATURE

Catonsville, Md.



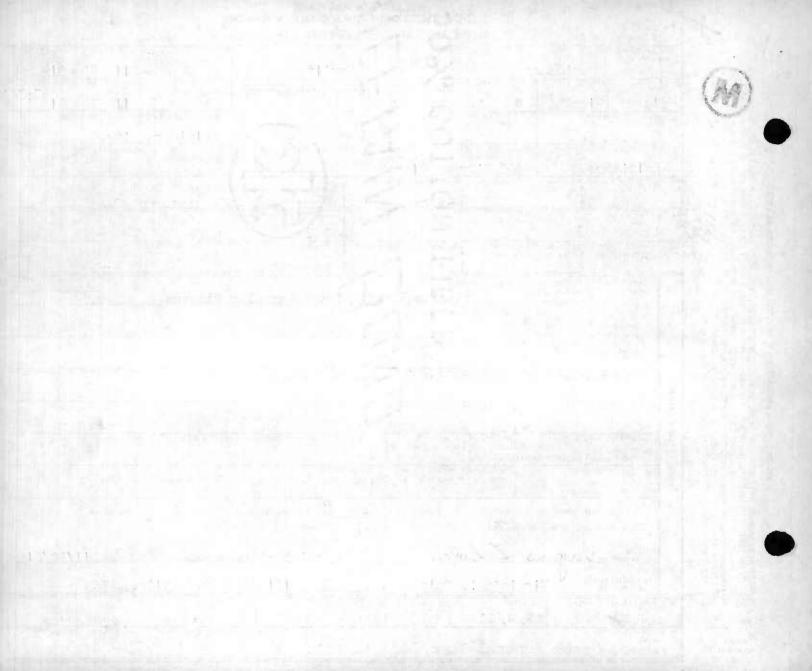
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/	he W	AS DECEASED EVER	IN U.S. ARMED [IF YES, GIVE WAR O	FORCES?	16b. SOCIAL SECURI	TY NO. 17.	INFORMANT	Hamilto	ADDRESS on 68	67 _	cClear	Blv
GE 4 SHOUD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH THE STATE OF THE CHIEF MEDICAL EXAMINER ALONG WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, DLINORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		PART I DEATH W Canditions, if a gave rise to cause (a) stating lying cause last. PART 2 OTHER SIGNIFICAN	iny, which immediate the <u>under-</u>	(b) DUE TO, OR A	TETIOSCLET AS A CONSEQUENCE AS A CONSEQUENCE UI NOT RELATED TO THE TER	OF OF			ase		BETWEEN ONSET	
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MAKE LAINE, A		22a I certify that I death resulted from ACTUAL SIGNATURE	I toak charge af		ribed abave, held an Accident , S		Hamicide	Undetermined mo	anner .	DATE SIGNED	_11/30/	/81
를 보고 불원으 / /		EXAMINER'S NAME	Vir	ginia L	. Dolan, M	.D. ADD	DRESS	Penn St.	Balto	. , M)	
VADUATE	30 BU	RIAL, CREMATION, R ECHY) Burial	EMOVAL 23b. D		23c. NAME OF CI		REMATORY	23d. LOCATION CITY OR TOWN		COUNT	Y 51	ATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) KOSADELLE 9.0 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED 12b. KIND OF BUSINESS OR HOSPITAL, NURSING HOME OF OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE) RETIRED DOMESTIC LIF NURSING HOME OR MILER 13b COUNTY IN INSIDE CITY LIMITS? 13e STREET ADDRE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE ROSABELL LILES **JAMES** ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [NO YES T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART TOR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22d PHYSICIAN'S NAME (HYPE OR PRINT) 22e ADDRESS the the 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) CITY OR TOWN MD. BURIAL 11/28/81 CEDAR HILL CEMETERY BALTIMORE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💍 CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH 26 HOUR 20 HARGADON 0 A M 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE Guard INDUSTRY Security Krummer Avenue Helen Hargadon 5215 Kramme Ave. APPROXIMATE INTERVAL minutes 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10

COUNTY

STATE

22c. DATE SIGNED

Prospect Hill Cem

Towson, Maryland

George J. Gonce 4001 Ritchie Hgwy

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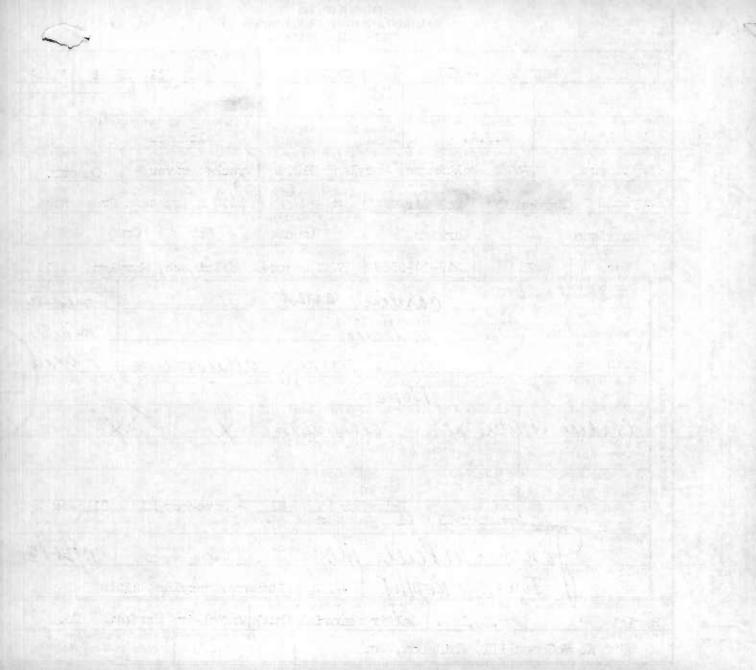
24 FUNERAL DIRECTOR

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REGISTRAR

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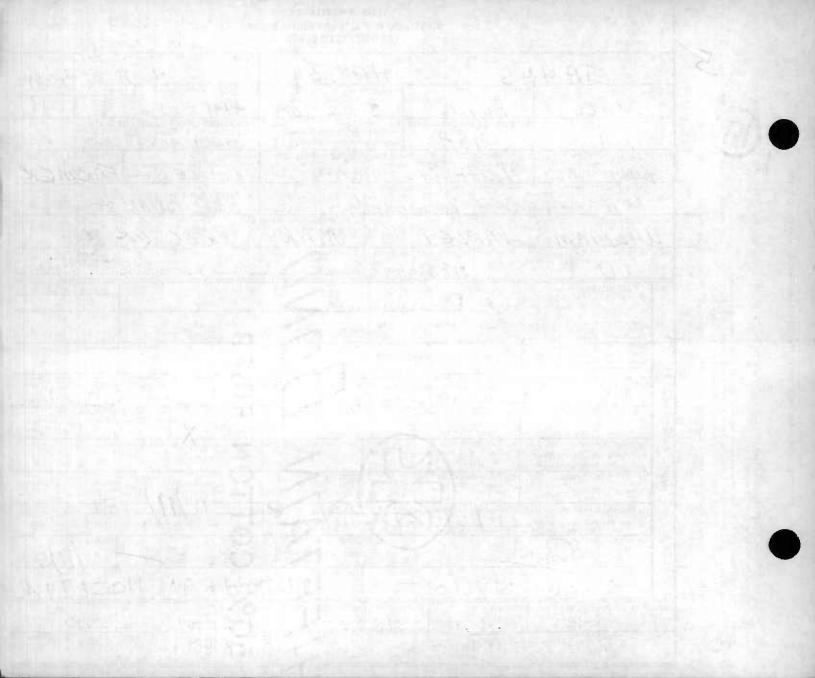


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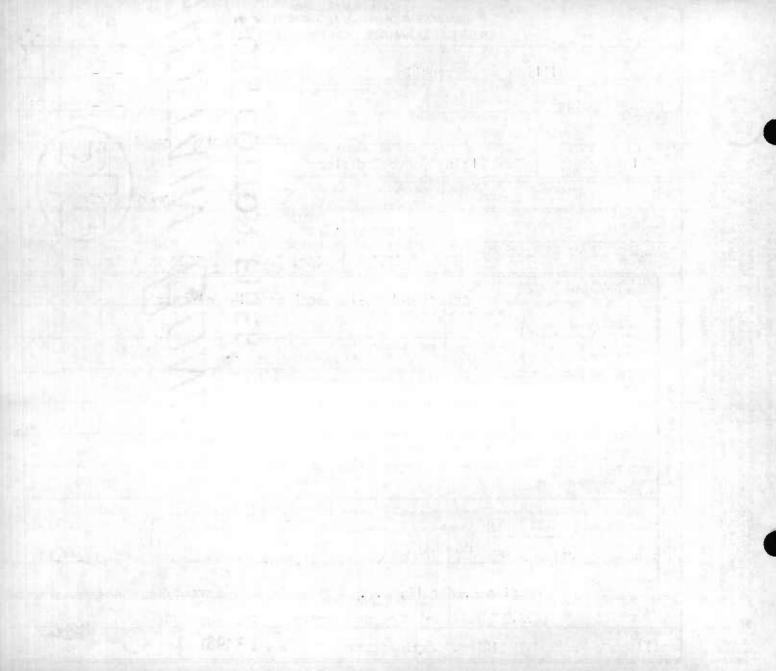
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

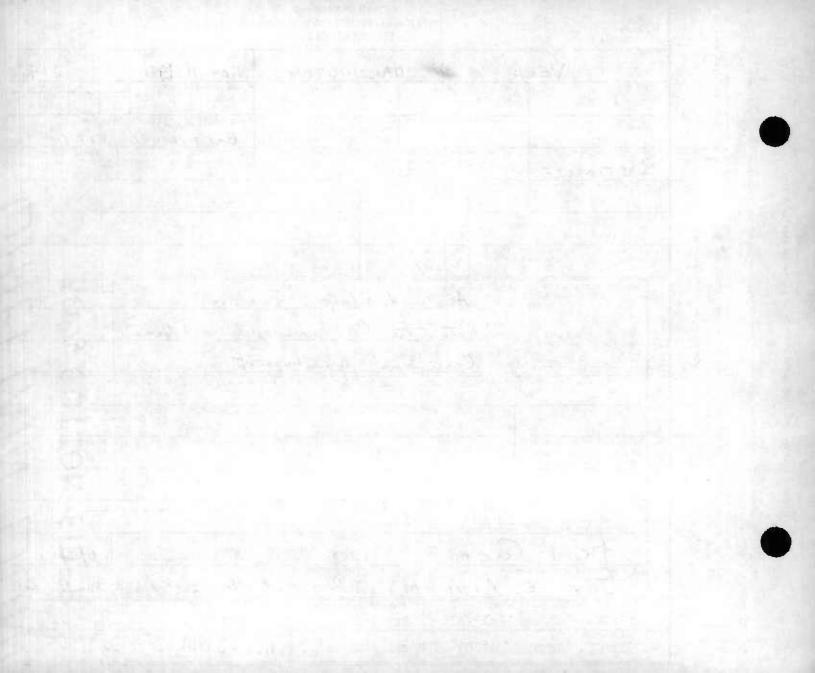


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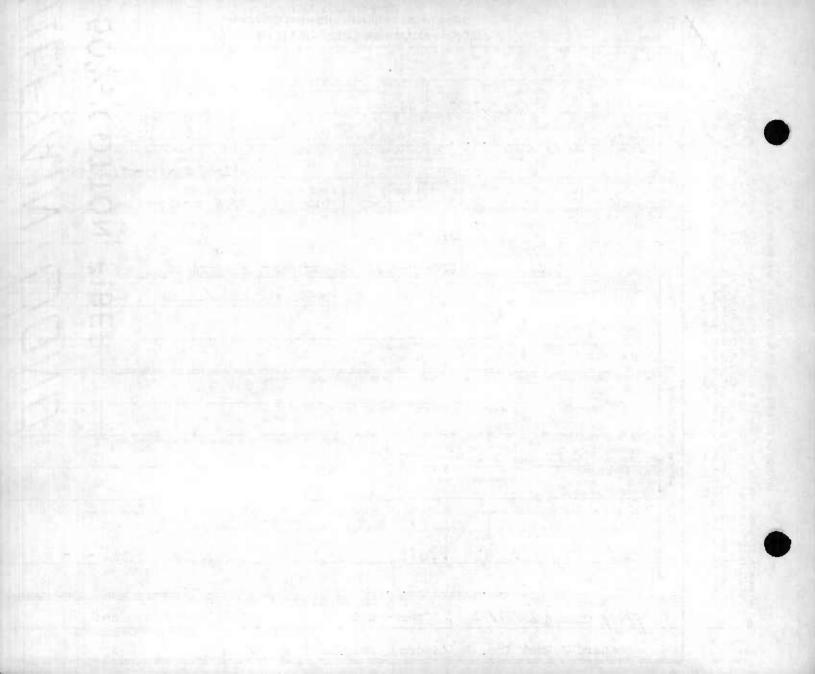
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PLEAS DIRECTOR DUB FILES ON STREET	3. SE)		5. DATE OF BIRTH	Franklin 6. AGE (IN YEAR 1919 6.2 YRS	MONTHS DAYS HOURS	ER 24 HRS 2c. DATE PRONOUNCED DEAD	11-10-819 M MONTH DAY YEAR 224 HOUR 11-10-8119 8:100
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TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PATER DEATH, WITH THE ST.		22a I certify that I took cho death resulted Iram: No ACTUAL SIGNATURE	tural causes ,		Autopsy , Inspect de , Hamicide TITLE (SPECIFY)	Undetermined manner MEDICAL EXAMINER	and in my apinian], DATE SIGNED 11-11-81
TO MEDI EXECUTE PAGE 4 TO FUNI AFTER DE BALTIMO	23o.B	EXAMINER'S NAME (TYPE OR PRINT)	argarita A	Korell M	DADDRESS111	Penn Street	
BP	24. F	Burial UNERAL DIRECTOR ITiam C. March	11/17/81	Md Veter	an Cemetery	Crownsville EREC'D. BY REGISTRAR-256. RE V 1 3 1981	GISTRAR'S SIGNATURE

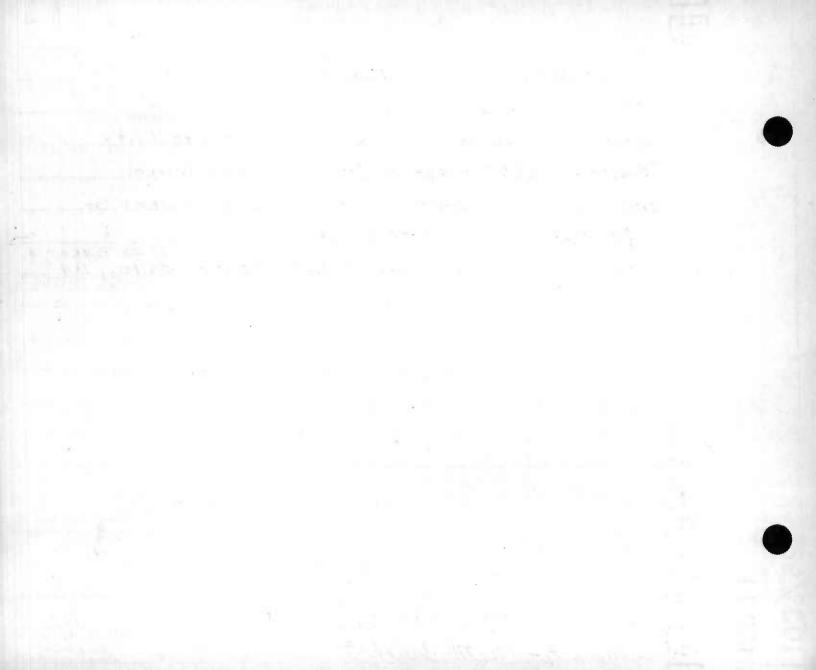


	1.	FOR - STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG TCATE OF DEATH	IENE 8	2 8	5 8 3
4		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
y be		VER	CA CA	HARK	UNGTON	Hov. II.	981	240 M
4 moy or, poo	3 SE	x female	4. RACE	S DATE (OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDE	
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deoth. Pe		IRTHPLACE (STATE OR FOREIGN OUNTRY) N.C.	76 CITIZEN OF WHAT COU USA	MARRIE WIDOWI		BALTIN	JORE C	STT MD.
S S S S S S S S S S S S S S S S S S S	1	BALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Provident H	E STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O		KIND OF BUSINESS OR DUSTRY
Filled in tould be	13a	AL RESIDENCE (IF NURSING HOME OR STATE Md 13b COUN	OTHER INSTITUTION GIVE RESIDENCE 131. CITY O Balti	RTOWN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 4504 Wents	worth Roa	d
etely d 2 st	14 F/	ATHER'S NAME	MIDDLE LA	ST	15 MOTHER'S MAIDEN NAM	ME		LAST
buole on black		Benton	Leach	*	Hester			Stewart
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o o e	-	No		V/A	Diana Willia	ms 4504 Wer		
g physic onpope emoval event, th		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for (a), D BY. E CAUSE (a) Acul		intory Fa	ilure	8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth ce offendin ove carb fron, or r		Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	a of lungs	lives +1	bone	
that the last end of cremo		gove rise to immediate cause 101, stating the underlying couse last	DUE TO, OR AS A CON	SEQUENCE OF	ghe brea	*t		
equires in signed Then pla r to burid injury, o	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	'ART 1ro
he low roon. has been therefore prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED CAUSES OF DEATH?
SICIAN: T ng physici certificate riol-transi ental Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR I	PART 2)
IG PHYSIC patending ter this cer s the burion ond Menticked or liter	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TOV	VN COU	NTY STATE
ATTENDIN spital or CTOR: Af- for use a of Health		220.1 certify that (1) (this hospit saw the deceased alive on abave, (1) (we) (did) (did na	idll	61	nd that in (my) (our) apinian a	, ta death occurred on the do	ote and hour ond fr	, that (I) (we) last
ALOR A the hos ALDIREGET CHECKED OF DEPT.		226. SIGNATURE ?.	ados,		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF	DATE SIGNED
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State MPORTANT:		JUDE E	A 1000	M.D.	Provident	Hosp. 2600	5 Liberty	toe 46, Balt
) BP	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 11/17/81		EMETERY OR CREMATORY IS Mem Park	23d. LOCATION CITY OF TOWN Arbutus	COUNTY	Md
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR ITTIAM C. March	F/H 1101 EADDR	North Av	renue 250 DATE	V 1 3 1981	756 REGISTRALES	and the state



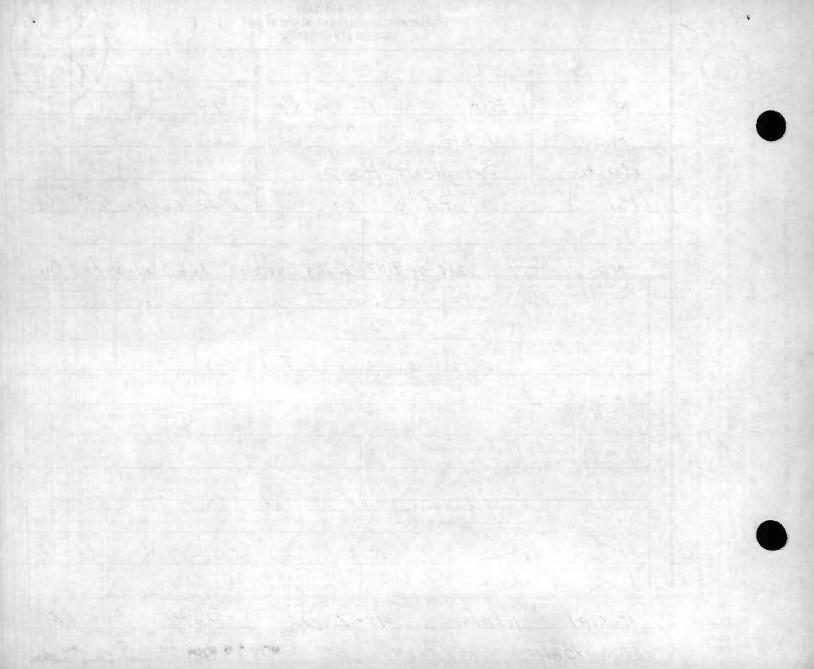
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) HARRIOTT OF H. ESTI-FRANK PLEASE DECTOR. OUR FILES. 11-25-81 DEATH MATED 4. RACE 3. SEX IF UNDER 1 YR. 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS. DATE 2d HOUR LAST BIRTHDAY :45AM white PRONOUNCED male 11-25-81 DEAD May 5,1897 84 YRS Jo. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Maryland U.S.A. WIDOWED DIVORCED ORM PM 3. RETAIN PAGE
S 1 AND 2 SHOULD BE FILED
N OEWTAL RECORDS, 201 II. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Retired Construction Superintet dent 3505 Rosehemp Avenue IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore YES NO 3505 Rosekemp Ave Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, ITH FORM PM, MIDDLE LAST MIDDLE LAST Hariott 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) 020-09-5523 Yea WW 11 Mrs Nancy E Harriott Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) HIFF MEDICAL EXAMINER ALONG VINED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, BRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, If ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM ETC.) CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held on Autopsy ond in my apinian Natural causes LXX Homicide Undetermined monner Accident TITLE (SPECIFY) ACTUAL DATE 11-25-81 ssistant SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore, Maryland STATE Crematibh/27/81 Greenmount BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Leonard J Ruck Inc. Baltimore, Maryland (VR A15 ME (5)) 15M 2/80



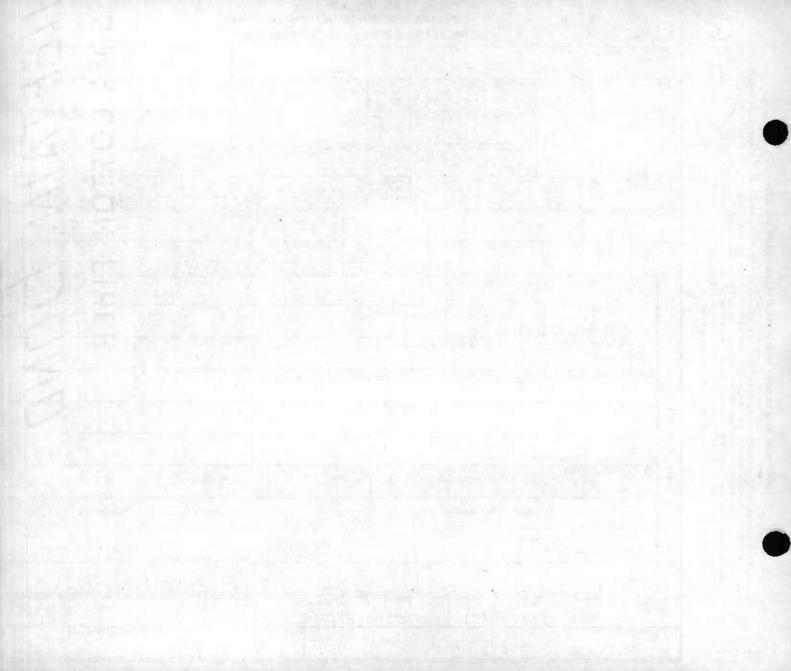


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tor aff	3. SE	X	1 RACE	V	5. DATE C	DAY YEAR	6. AGE (IN YEARS)	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
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ARYLAND 2120 J within 24 hours pletely filled in by nd 2 should be file commences be seen	USU 13a. :	AL RESIDENCE (IF NURSING HOME OF 13b. COL	OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES MO []	13e STREET ADD	RESS GWYN	NS FAIL-	Rd
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the office of the control of the con		22b. SIGNATURE	Cock		M	DEGREE ATTENDING PHYSICIAN (MEDICAL DIRECTOR	STAFF	226. DATE	181
HOSPITAL med by th FUNERAL UID be deto in the State ORTANT: If		22d. PHYSICIAN'S NAME (TYPE	OR PRINTS			220 ADDRESS	DIRECTOR	HISICIANTA	1.70	7 0 7
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 8 5 8 5



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE KNOWN X) TYPE OR PRINTI OF ESTI-PLEASE CTOR. FILES. OURS 24 81 R. DEATH MATED John 19 Harris IF UNDER 1 YR DATE OF RIRTH IF UNDER 24 HR 2d. HOUR DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 43 19 81 7:45A male 11 18 38 DEAD black 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X BALTIMORE, MD. USA Baltimore City 24 HOURS AFTER DEATH. IF ANY DELAY IS NEG TEM 18. GIVE PAGES 1. 2, AND 3 TO THE FUL ONG WITH FORM PM. 3, RETAIN PAGE PERMIT. PAGES 1 AND 2 SHOULD BE FILED SIENE, DIVISION OF VITAL RECORDS, 201 WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Federal Street 30. STATE BALTIMORE 13b. COUNTY 13e. STREET ADDRESS 13d. HISIDE CITY LIMITS? MD. 1507 E. FEDERAL ST. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST GRANT HARRIS FRANCES ROYSTER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 212-40-4917 FRANCES TERRY 1507 E. NO FEDERAL CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL MEDICAL EXAMINER ALONG WAS A BURIAL - TRANSIT PERMIT. PAITH AND MENTAL HYGIENE, DICREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cirrhosis of the liver IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 MEDICAL PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) OF HEALTH CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PRAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? NO [710. EXTERNAL CAUSE WAS 21b. TIME OF INJURY THE HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 71e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT MATE STREET, FACTORY, FARM, ETC. 1 STREET CITY OF TOWN STATE COUNTY 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Accident Hamicide Undetermined manner IN LIBRUSES TITLE (SPECIFY) ACTUAL DATE 11/24/81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard. M.D. 111 PennStreet, Balto.MD 21201 (TYPE OR PRINT) 236 LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 73c. NAME OF CEMETERY OR CREMATORY STATE 11/28/81 BURIAL BALTIMORE CEMETERY BALTIMORE MD. 24. FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** NAME W.C. MARCH F/H 1101 E. NORTH AVE. (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED HARRIS MICHAEL 1-25-819 4. RACE & AGE (IN YEARS | IF UNDER 1 YR DATE OF BIRTH 2d HOUR IF UNDER 24 HRS 20. DATE LAST BIRTHDAY) 8:18 PRONOUNCED 2 ZYRS DEAD 11-25-819 black 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 6TIMBR6 Baltimore City WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS LABOR WORKING UFE A 55 3600blk. of Garrison Blvd. Baltimore 14. FATHER'S NAME HARRIS 2608 WOODLAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple gunshot wounds AND MENTAL HYGIEN DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to OF HEALTH CERTIFICATION DEPARTMENT OF HEAD I PRIOR TO BURIAL, O 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO T 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY subject found shot UNDERLYING XXOR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY TATHOME. 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNEMAL DIRECTOR: PAGE 31 AFTERDEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) 3600 blk. Garrison Blvd. Baltimore, Maryland AT WORK NOT WHILE street AT WORK Autopsy XX 22a. I certify that I took charge of the remains described obove, held an Inspection Inquiry and in my opinion HamicideXX death resulted from: Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 1-25-81 M. Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS_111 Penn Street BP **DHMH - 17** VR A15 ME (5) 15M 2/80

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	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLA ALTH AND A CATE OF D	MENTAL HYG	REG. NO.	8 0 8 7
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	3. SE		4. RACE		5. DATE OF		VEAD	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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- 0		VAS DECEASED EVER IN U.S. A		UNKNO 166. SOCIAL SECU		HA 17. INFORMA	RDFN NT	ADDRESS	DITOLL
MC G G G	{	NO NO OR UNKNOWN) (IF YES, 6	GIVE WAR OR DATES)	N/A		JOHN I	HARRIS	2309 HUNTER	
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITING ATTENDING PHYSICIAN. The low requires that the death certificate be hospital or attending physician. RECTOR: After this certificate has been signed by the attending physician red for use as the burial-Itansit permit. Then please remove carbanapapers, pt. of Health and Mental Hygiene prior to burial, crematian, ar removal. em 21 is marked or Item 18 shows any injury, or other traumatic event, the	MEDICAL CERTIFICATION	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU. Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 19a. DATE OF OPERATION OPERATION	DUE TO, OF OUE TO	R AS A CONSEQUE R AS A CONSEQUE TION/FOR WHICH FINJURY M. MONTH DA M. DF INJURY Get, FACTORY, OFFICE, FJ Codecosed from Codecosed from	NCE OF NC	211. LOCATIONSTREET	RMED APPLE JORY OCCURR IN 19 8	INCERT	COUNTY STATE , 19 that (I) (we) last
TO HOSPITAL OR retained by the ht TO FUNERAL DIRE should be detache with the State Dep IMPORTANT; If the	23a. I	276 SIGNATURE 276 PHYSICIAN'S NAME (TYPE) G. M.C. A. SURIAL, CREMATION, REMOVA	E OR PRINT) P P Y AL 23b. DATE	20 M	4D	220 ADDRESS	E. C	MEDICAL STAFF DIRECTOR PHYSICIAN P	113 P
209 BP	24 FI	BURIAL UNERAL DIRECTOR	11/9/	RT B	T.T.TWO!	RE CEM		BALTIMORE REGIS	STRAP'S CICNIATURE TARA
DHMH-16 30M 2/80 (VRA 15, 4)		NAME	CH F/H 1	101 E. NO	RTH A	Æ.	NO	V 6 1981 France	as planted

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

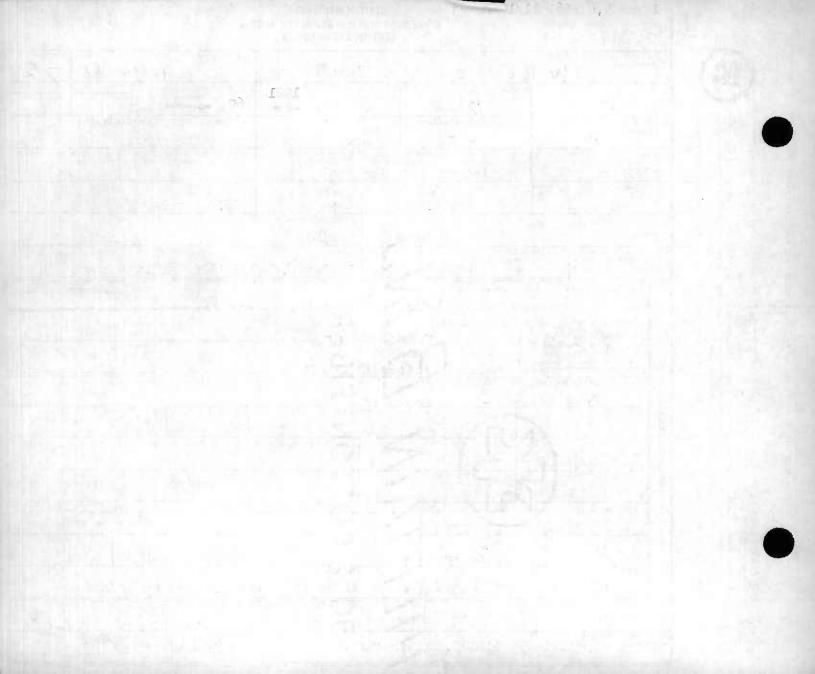
CERTIFICATE OF DEATH

REG NO

Items 5.6 g561 11/18/81 gj

- STATE

REGISTRAR



broym. Whilese 3fos w. Franklinst. Batto, me

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 20 DATE OF DEATH FIRST MIDDLE YEAR 2b. HOUR TYPE OR PRINTI 30 6:05A, WILEY FART. HATCHETT, JR. 11 81 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 15°4 12 17 BLACK 56 MALE To BIRTHPLACE ESTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED VIRGINIA U.S.A. BALTIMORE CITY WIDOWED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE PLUMBER INDUSTRY BALTIMORE LRVAMC. 3900 LOCH RAVEN BLVD. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
130. STATE
131. CITY OR TOWN BALTIMORE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND 6201 FALLS ROAD, 21209 YES XX NOF 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE HOWARD MATTIE WILEY EARL HATCHETT, SR. ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Wanda Hatchett 6201 Falls Road 072-20-1104 WWTT 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY cacherlia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 1 patom A Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED. IN CERTIFYING CAUSES OF DEATH? NOT Applicable NOT NON YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 MEDIC/

COUNTY

STATE

NOVEMBER and that in (aur) opinion death accurred on the date and hour and from the causes stated

NOVEMBER

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN

22e ADDRESS

211 LOCATION

DIRECTOR PHYSICIAN

CITY OR TOWN

3900 LOCH RAVEN BLVD. BALTO. MD 21218

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				(SPECIFY)	B111	rial

226 SIGNATURE

WHILE

21d. INJURY OCCURRED

NOT WHILE AT WORK

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

220.1 certify that (X (this haspital) attended the deceased fram.

saw the deceased alive on NOVEMBER 30 above, in (we) (did) (manaxi) view the bady after death

23b. DATE 12/4/81

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

81

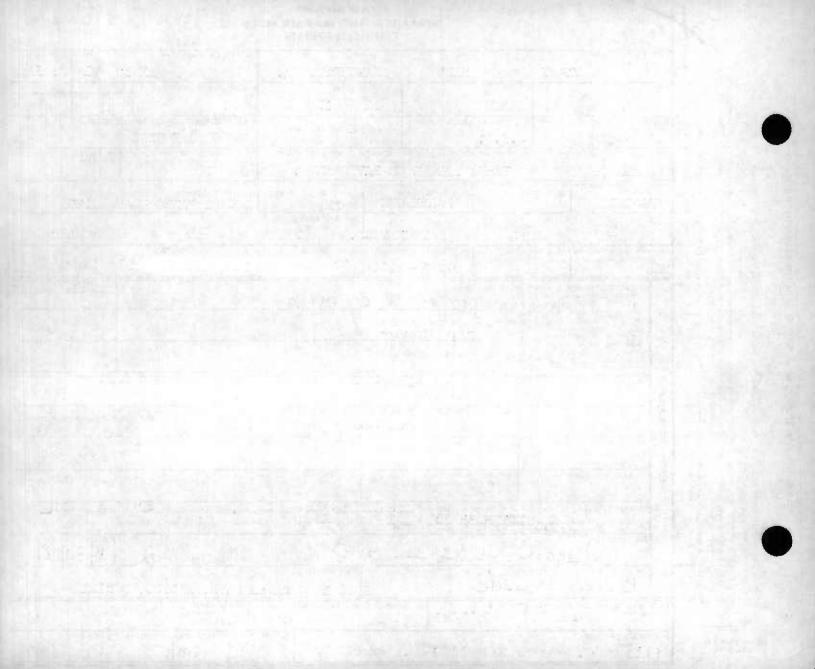
23c. NAME OF CEMETERY OR CREMATORY Md Nat Mem Park 23d LOCATION CITY OR TOWN Laurel

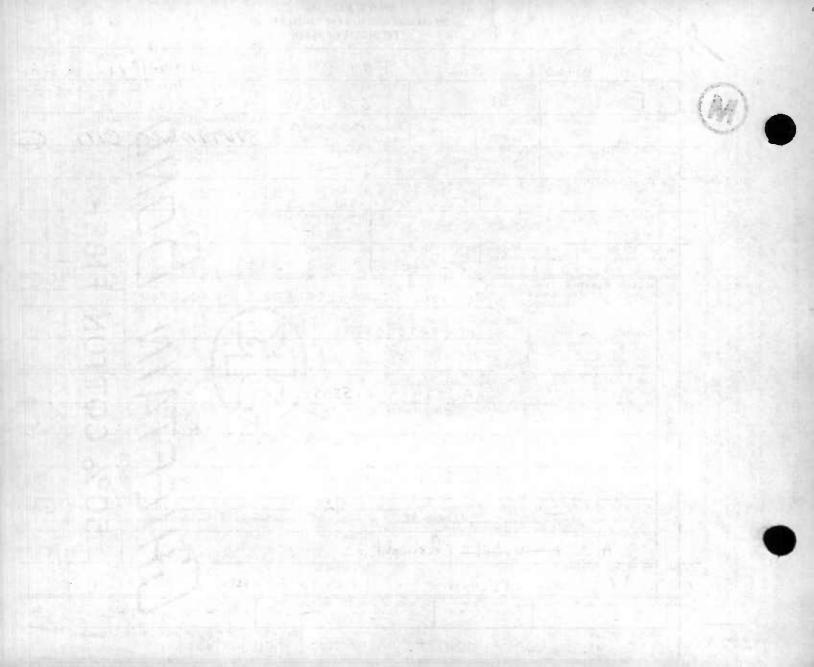
Md

BP DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR William C. March F/H 1101 E. North Ave

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



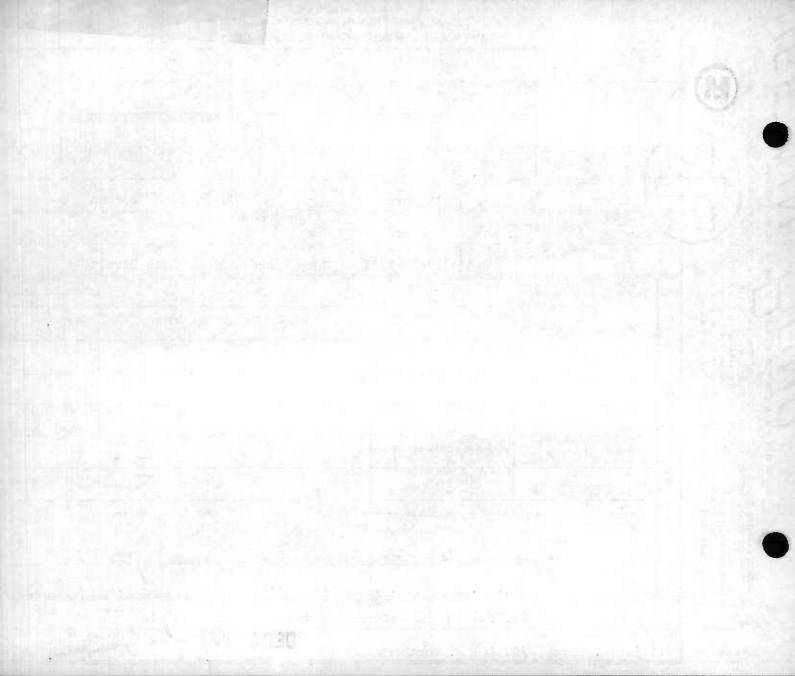


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	I. DE	CEASED NAME			MIDDLE F.		LAST	2a. DATE KNO OF ES'	WN X MO	NTH DAY	- 1	b. HOUR
	3. SEX		4 RACE	5. DATE OF BIRT	H YEAR 6. AGE (THDAY) MON	Heard NDER I YR. IF UNDER	MIN. PRONOUNCED	WQL		YEAR	2d HOUR
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ELAY IS NE TO THE FUI PAGE 5 I SE FILED.		Baltimo	OF DEATH	11. NAME OF H	DSPITAL, NURSING HE FACILITY, GIVE STREET ADDRI 30th Stre	(\$\$)		Baltime 170. USUAL OCCUPATION FOR MOST OF WORKING L	N (TYPE OF W	ORK 126 KINI	D OF BUSI	MD. NESS
ANY BANDS RETAIN		AL RESIDENCE TATE Md	IF IN NURSING HOM 13b. COL	E OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADD	'N	13d. INSIDE CITY LIMITS? YES A NO	13e SIREET ADDRESS 30	th St	reet		
A H S S S S S S S S S S S S S S S S S S	Th	ATHER'S NAME FIRST OMAS		F.	LAST Hear		15. MOTHER'S MAIDE Mary	E.		Joh	nson	
BALTIMORE, JRS AFTER DEA1 3. GIVE PAGES WITH FORM PI 1. PAGES I ANI DIVISION OF Y	16a. V {Y	VAS DECEASED ES, NO, OR UNKNO Yes	VEVER IN U.S. A	ARMED FORCES?	219-70-		Mary Hear	rd 2028 E. 3	Oth St	reet		
W. PRESTON ST VWITHIN 24 HOU FENCIL IN 1FEM 18 MINER ALONG TRANSIT PERMIT INTAL HYGIENE, OR REMOVAL.	WILLEA DEATH (Enter of PART I DEATH WAS CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE OF DEATH WAS CAUSE				Seizul Dr as a consequen Dr as a consequen	e dis				APPI BETWE	roximáte in Een onset a	ITERVAL ND DEATH
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SHOULD SHOULD CHIEF WE CHIEF WE LUSED / URIAL, CURIAL,	TIFICAT	19a. DATE OF	OPERATION	19b. CONI	DITION FOR WHICH C	PERATION	WAS PERFORMED?				TOPSY?	NO []
BIVISION OF VITAL RECORDS, 201 E. THIS CERTIFICATE SHOULD BE EXECUTED F. WRITING THE WORD "PENDING" IN P RWARDED TO THE CHIEF MEDICAL EXA F. PAGE 3 SHOULD BE USED AS A BURIAL, F. STATE DEPARTMENT OF HEALTH AND ME 9, 21201 PRIQR TO BURIAL, CREMATION,	MEDICAL CERTIFICATION	UNDERLYING	CAUSE WAS OR GCAUSE O	HOUR A	OF INJURY M. MONTH DAY Y M. 19	EAR	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 (X	
DIVISI HIS CERT WRITING (ARDED AGE 3 SH ATE DEP	MEDI	21d. INJURY CO WHILE AT WORK	NOT WHILE AT WORK		E OF INJURY (AT HOM ACTORY, FARM, ETC.)	E, 21f. LG	OCATION STREET	CITY OR TOWN		COUNTY		STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT BALLIMORE, MARYLAND, 2	1-	22a certif deoth resulte ACTUAL SIGNATURE _ EXAMINER'S I (TYPE OR PRIN	d from: No	turol causes X.	escribed above, held a Accident ,	Suicide	Homicide TITLE (SPECIFY) ASSISTA	Undetermined manner Unty One Undetermined manner Unty MEDICAL EXAMINER Penn Street	D,	GNED	1/81 1201	
991/0BP	23a.B		ION, REMOVAL		23c. NAME OF	CEMETERY	OR CREMATORY Cemetery	23d LOCATION CITY OF TOWN Crownsy	ille	COUNTY	ştatı Md	
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	UNERAL DIRECT NAME (n F/H 110]	E. North	Avenue	DEC	REST. BYTO STRAR	REGISTRA	e's signatui	RE	



Items 19a.&19b. Film#G560 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	11-3	FOR			DEPARTMENT	OF HEALT	H AND MENTA	LHYGIEN			7.00		4 8	1 1
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		EASED NAME		0	MIDDLE		LAST		Or	NOWNX ESTI-	нтиом	DAY	YEAR	26. HOL
	3. SEX		Lee 4. RACE	S. DATE OF BIRTH		E (IN YEARS IF L	bridle	DER 24 HRS.	2c. DATE	MATED [MONTH	14 1	9 87	26 HO
	ma		white		10,1899	82 YRS.	NTHS DAYS HOURS		PRONOUN(DEAD		11	14		2:2
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8	10. CT	timore		II NAME OF HO	OSPITAL, NURSING FACILITY, GIVE STREET ADI Versity H	HOME, OR OT	THER INSTITUTION	12a USU		ATION (TYPE		126. KIN	D OF BU	ISINESS RY
<	USUA (30 ST	L RESIDENCE	THECOUN	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE A 131. CITY OR TO Westmil	ADMISSION)	13d. INSIDE CITY LIMITS	13e. STR	EET ADDRES			V		
	14. FA	THER'S NAME FIRST Samuel		MIDDLE David	Heltib:	ridle	15. MOTHER'S MA	IDEN NAME rgaret	MICONTRA	DDIE	Bew	erst)X	
2	Ióo. W (YE	AS DECEASED S. NO. OR UNKNO NO	EVER IN U.S. AR		166. SOCIAL SE 212-32-	CURITY NO.	17. INFORMANT	Helti.	bridle	ADDRESS	(he	93	- 6	1/3
EXECUTED WITH		gave ris cause (a)	ns, if any, which the ta immediate stating the <u>under</u>	(b)	Multiple OR AS A CONSEQUE DR AS A CONSEQUE	ENCE OF								
	Z			(c)			ASE OR CONDITION GIVEN II	N PART 1 to						
-	IFICATION		GNIFICANT CONDITIONS			NE TERMINAL DISE,	and a	N PART 1 to				100	UTOPSY?	
113	MEDICAL CERTIFICATION	190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY C	OPERATION LI CAUSE WAS OPERATION LI CAUSE WAS OPERATION	21b. TIME (HOUR A. DEATH 7:25 21e PLACE STREET, FA	DITION FOR WHICH OF INJURY M. MONTH DAY EM 11/13 EOF INJURY (AT HOACTORY, FARM, ETC.)	NE TERMINAL DISE, OPERATION YEAR 19 8 Pe	WAS PERFORMED? HOW INJURY OCCUI edestrian OCATION SIREET	RRED (ENTER P	by v	<u>ehicle</u>		YI RT 2)	ES KI	NO C
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATIC		190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTION 210. INJURY CONTRIBUTION WHILE AT WORK	OPERATION OPERATION AL CAUSE WAS OPERATION OPERATIO	216. TIME (HOUR A. 7:25 21e PLACE STREET, FA	DITION FOR WHICH OF INJURY M. MONTH DAY PM 11/13 E OF INJURY (AT MA	YEAR 21c. L1981 DISE	WAS PERFORMED? HOW INJURY OCCUP edestrian OCATION STREET ttlestownP POPSY AX Inspect TITLE (SPECIFY M.D. Assista	struck ikeSo(iveSo(inchion	city or tow of 01dH Inquiry ermined man	ehicle anover , and	PRd, Con Rd, C	UNITY Carro	o11C	o, MD

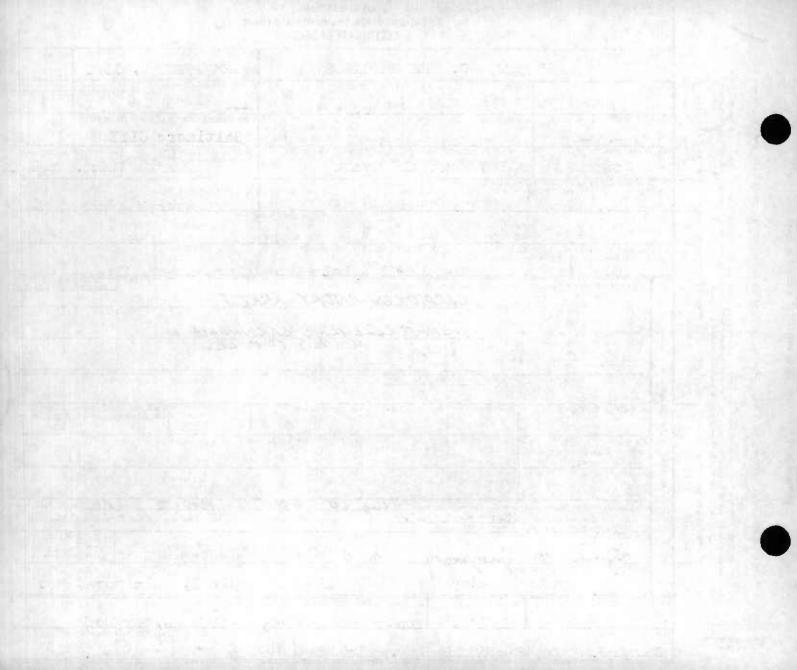
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MPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumotic event, the medical examiner muss be not the

6	1-	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLA ALTH AND N CATE OF D	NENTAL HYG	IENE &	?	8 /	0 1
		CEASED NAME FIRST	MIDD		L/			20. DATE OF DEATH MO	NTH DA		26 HOUR
		Charlo			Hem				1 - 3	3 - 81	11:157
	I. SE	× F	4. RACE		5. DATE O	F BIRTH	YEAR 12	6. AGE (IN YEARS LAST BIRTHDA		ONTHS DAYS	HOURS MIN.
35		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WH USA		8 MARRIED WIDOWEI	NEVER M	ARRIED	Baltimore city or c	OUNTY		MD.
10		altimore	11. NAME OF HOS	PITAL, NURSING	DDRESS)		TUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST, OF WORK HOUSEWIF	ORKING LIFE)	126. KIND C INDUSTRY OWN	Home
35	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13). COUNTY		residence before in City or town len Bu:		13d INSIDE CI	TY LIMITS?	13e STREET ADDRESS 311 N Stre	et	S.E.	
	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S	IRST	ME		LAS	ST
26		Clinton	G	erhard	_		trude			Wern	ig
2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	19-16-		Josep		Hemler, Hush	and	, sam	ie as 13
2	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (COURT)	e to immediate ool, stating the g couse lost. THER SIGNIFICANT CONDITIONS CONTRIBUTING			are			b. IF YES,	WERE FINDING CAUSES	NGS USED
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		JURY MONTH DA	Y YEAR	21c. HOW IN	URY OCCURE	RED (ENTER NATURE OF INJURY IN			NO [
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE, FA	RM. ETC.)	211 LOCATIO STREET	N	CITY OR TOWN		COUNTY	STATE
	í	220.1 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no	11-3	19 7	10 ~	d that in (my) (. 19.81 (our) opinion (to 12 3 death occurred on the date	ond hour	-	that (I) (we) lost
		226. SIGNATURE	Quo	ng	m	EGREE A	TTENDING HYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN		22c DATE	3-81
1		Dr. DU	or PRINT)	0		St.		s Hospital,	. B a	ltimo	re
		BURIAL, CREMATION, REMOVAL BURIAL	6 Nov.			METERY OR C	etery	Baltimore			ore,Md.
		uneral director NAME S. Kirk	ley, Gle	en Bürn	ie,	Md.	250 DAT	FREC'D. BY REGISTRAR 256.	REGISTR	ARS SIGNA	in then

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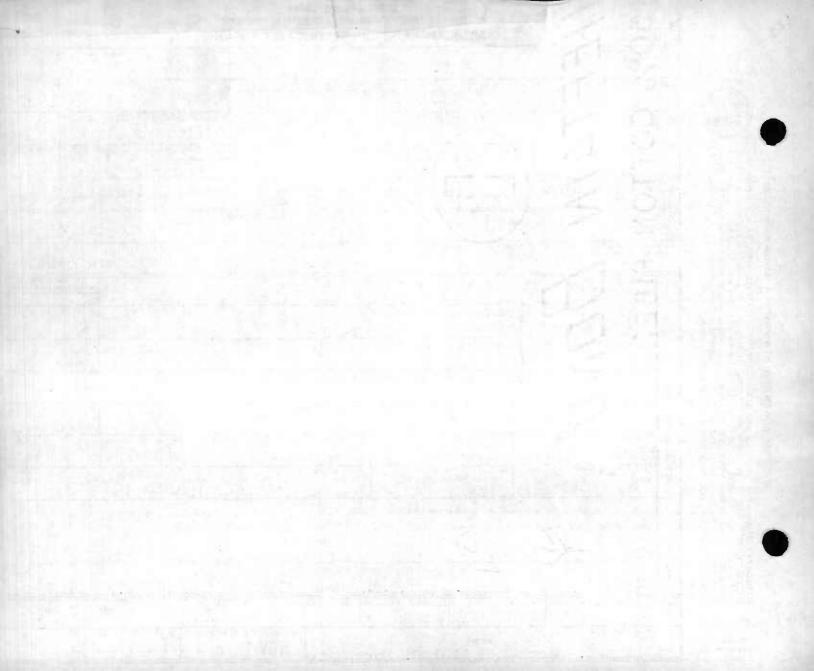
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4	FOR STATE REGISTRAR		IEALTH AND MENTAL HYC	REG. NO.	2 8 / 0 2
THE THE PARTY OF THE	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25. HOUR
4 88 /	(TYPE OR PRINT)	RNEST O. HENDRIC	CKSON	NOVEMBER 2	, 1981
· (NO)	3. SEX Male	White Sept	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 76 YR	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
E danger & S	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIE	D X NEVER MARRIED	Baltimore Coun	TY OF DEATH
4 4 5 6	Maryland 10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL NURSING HOME OF HOSPIT	OR OTHER INSTITUTION	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Spray Painter	126 KIND OF BUSINESS OR
24 hour	THE PROPERTY AND LABOUR.	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) DUNTY 131. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
RYLA within within distribution of the state	Md. 14 FATHER'S NAME FIRST	Baltimore LAST	YES NO DISTRIBUTION NA FIRST	1 1107 Montcal	m Court
W Jeed W	ARTHUR	HENDRICKSON	BERTH	IA F	ALE
MORE,	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)	ARMED FORCES? 16b. SOCIAL SECURITY NO. GIVE WAR OR DATES)	17 INFORMANT	ADDRESS	
T., BALTIM Inficate be physicion on popers. Pomavol. vent, the m	NO L	214 01 5923	Thelma Hendr	rickson, same as	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
bow requires that the death control ow requires that the attending the national control of the c		DUE TO, OR AS A CONSEQUENCE OF ICO ICO IT CONDITIONS CONTRIBUTING TO DEATH BUT IND. CONDITION FOR WHICH OPERATION		MINAL DISEASE OR CONDITION (
AL REC	TIFIC		IN WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES \(\text{NO} \)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offer this certificate hos been sign os the buriol-tronsit permit. Then th and Mental Hygiene prior to b arked or Item 18 shows ony injury	00.000.000.000.00	DEATH HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART 1 OR PART 2)
IG PHYS offendin fer this of the burn ond Merked or h	VALUE OF THE OF	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDI e haspital or DIRECTOR. A ched for use opt a Heal	saw the deceased alive	nat) view the body after death.	nd that in (my) (our) opinion DEGREE	, to	19 , that (1) (we) lost nour and fram the couses stated 22c. DATE SIGNED 11/3/81
TO HOSPITAL (tained by the TO FUNERAL I should be dera with the Store I IMPORTANT. If	224 PHY9CIAN'S NAME (TYPE) Dr. Lydi	ia Jumamoy	22e ADDRESS	Hospital, Bal	
₽₽ ₽# 3 ≥ —	230 BURIAL, CREMATION, REMOV		EMETERY OR CREMATORY Park Cemetery	23d LOCATION CITY OF TOWN Baltimore, M	STATE PINUOS DOES LOTE
DHMH-16 30M 2/B0 (VRA 15, 4)	24 FUNERAL DIRECTOR	4001 Ritchie Howy., Ba	25a. DA	E REC'D. BY REGISTRAR 25 PEG	ISTRAR'S SIGNATURE

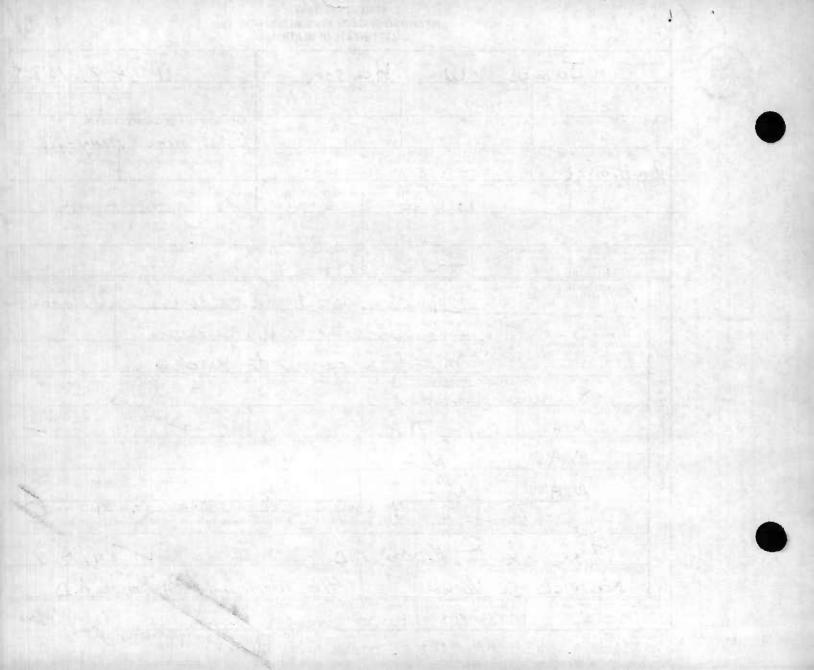


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	9 e	+	1. DECEASED NAME FIRST (TYPE OR PRINT) MARY	SUSAN	HEN	IDRYX	NOVEMBER 1		3:37a
	e 4 may	EMA)	3 SEX Female	4 RACE White		OF BIRTH 13, 1957	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR III	F UNDER 24 HRS HOURS MIN.
•	eath. Pog	1/8	70 BIRTHPLACE (STATE OR FOREIGN FOREIGN FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8 MARE	NED DIVORCED	9 BALTIMORE CITY OR CO.		MD.
201	rs after d	1 33	Baltimore	JOHNS' H	AL, NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORK Legal Secreta		
AND 22	filled in	8 mg be		PUNTY 13c. CI	oldence before admission TY OR TOWN Campa	YES NO [212 West Com		
THE STATE OF	S 7	0000	14. FATHER'S NAME Joseph	WIDDIE	onkol	Evelyn	WIDDLE	Kupka	
S S S S S S S S S S S S S S S S S S S	LORGE ON	S medicol	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (16 YE	S. GIVE WAR OR DATES!	nknown		pa, Florideoress ndryx 212 West	33604	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B	O HOSPITAL OR ATTENDING PHYSICIANS. The tow regenes that the death certificationed by the hospital or attending physicials. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phy	should be detoched for use as the burial-transit permit. Then please remove corbango with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remov IMPORTANT: If them 21 is marked or Item 18 shaws any injury, or other traumatic event	Conditions, if ony, whice gove rise to immediate couse lost storing the underlying cause lost underlying cause lost 19a. DATE OF OPERATION 1916. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CREATION 1011/18 ALL WORK ALL WORK ALL WORK ALL WORK 270-1 certify that (I) (this head)	DUE TO, OR AS A (b) SC DUE TO, OR AS A (c) BONC NT CONDITIONS CONTRIB LUNC 198 CONDITION F ACLE 198 CONDITION F PLACE OF INJU (AT HOME, STREET, FAC OSPITOL) OTTENDED THE DEM OSPITOL OTTENDED TO PLACE OF INJU (AT HOME, STREET, FAC OTTENDED TO PLACE OF INJU (AT HOME, STREET, FAC OTTENDED TO PLACE OF INJU (AT HOME, STREET, FAC OTTENDED TO PLACE OF INJU (AT HOME, STREET, FAC OTTENDED TO PLACE OF INJU (AT HOME, STREET, FAC OTTENDED TO PLACE OF INJU (AT HOME, STREET, FAC OTTENDED TO PLACE OF INJU (AT HOME, STREET, FAC OTTENDED TO PLACE OF INJU (AT HOME, STREET, FAC OTTENDED TO PLACE OF INJU	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE FACTOR O	TYS HOST CONTROLATED TO THE TER ON WAS PERFORMED STREET 211 LOCATION SIREET ATTENDING PHYSICIAN 122 ADDRESS	RAMINAL DISEASE OR CONDITION The de Ne 200 AUTOPSY? 100 VES NOTE OF THE NATURE OF INJURY IN ITE CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN [Hopkins Hosp	OF MORE OF	SUSED F DEATH? NO STATE of (I) (we) lost uses stoted GNED
	BP DHMH - 16 S (VRA 1		(SPECIFY) Removal 24 FUNERAL DIRECTOR 8728 Loring Byers Fur	11/11/81 B Liberty Rd.	Myrtle Randall:	Hill Cemeter	ry Frampa Hij	11sborough	FL FL

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	1-	FOR STATE			DEPARTMENT OF	HEALTH				2 8	1 () 4
	1. 01	REGISTRAR CEASED NAME	FIRST	MEI	DICAL EXAMIN		ERTIFICATE		N.L.	G. NO.		
917		PE OR PRINT)	Pon	04	H.			Jr '	OF ESTI- DEATH MATE	^ 77	13 ₁₉ 8	26. HOUR
STREET	3. SE	X 4 R	ACE	5. DATE OF BIRTH		EARS IF UN	DER TYR. IF UNDE	ER 24 HRS. 2	c. DATE	MONTH		EAR 2d HOUR
1		male	black	2 26	1951 30		5 DAYS HOURS	MIN. P	RONOUNCED DEAD	11	13 198	31 4:2QP
经	Ta B	IRTHPLACE (STATE (DREIGN COUNTRY) MC	OR	76. CITIZEN OF WE	IAT COUNTRY?	8. MARRIE		RRIED 9	Baltim	_	ity	н
11	10 C	ITY OR TOWN OF	DEATH	11. NAME OF HOSI	PITAL, NURSING HOM			T2a. USUA	AL OCCUPATION OST OF WORKING LIFE	TYPE OF WORK		MD. F BUSINESS
10	LICIT	Baltimore		2635	Quantico A	venue			JOI WORKING CHE			J31K1
Ti.	13a S	Md Md	13b. COUN	DR OTHER INSTITUTION, GIV	Baltimor	e	13d. INSIDE CITY LIMITS? YES MO	130. STREE	35 Qua	ntico	Avenu	ıe
0		Percy		H. MIDDLE	Henr	y Sr	15. MOTHER'S MAIL Bernice	DEN NAME	MIDDLE		Nicho	ols
1	16a. V	MAS DECEASED EV	ER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURI	TY NO.	17. INFORMANT			RESS		
1				ly ane cause per line	N/A		Bernice	Henr	y 4103	Bonn	er Roa	ıd
L, CREMATION, OR REMOVAL	NO	lying cause lo	a immediate ing the <u>under-</u> ist.	(c)	AS A CONSEQUENCE		OR CONDITION GIVEN IN P	PART Dilgs				
73	CERTIFICATION	19a, DATE OF OPE	RATION	196 CONDIT	ION FOR WHICH OPE	RATION WA	AS PERFORMED?				20 AUTOP	
600	MEDICAL CERT	21d. INJURY OCCU	OR CAUSE OF DURRED	210 PLACE O STREET, FACTO	MONTH DAY YEA 11/13 19 8 FINJURY (ATHOME. DRY, FARM, ETC.)	1 sub	REET		CITY OR TOWN	cc	YES X	NO STATE
-			at I taak charg	e af the remains desc	ribed abave, held an	Autapsy		Undeter	Baltimor Inquiry	and in my a		MD 4/81
AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	22 -	EXAMINER'S NAM (TYPE OR PRINT)			. Guard,M.		DDRESS		Street.	Balto.	MD 212	01
п	(5	URIAL, CREMATION PECIFY) Burial		36. DATE 11/19/81	23c. NAME OF CE. Meadow		je	Vat	erloo		INTY	STATE
17 E (5))		UNERAL DIRECTOR NAME illiam (ch F/H 1	101 E. N	orth	NO	REC'D. BY R	GISTRAR 256	EGISTRAR'S	SIGNATURE Mas Tas Tas Ta	(om





DIVISION OF VITAL RECORDS,

VILLE HESELV 11 34 81 8:512 BRITIMAE, HO. U.S.A. WHITE CHANGE BACTIMIZE CHILDRENINGERIONESTICAL TOOLS A-V-34 2 2 -LAWRENCE HESLIN ANN N. MEDINE PERSON OVER WHELKING SEPERS 2258 SHTOKY DISTRESS ... CORDING PAPES 1 All FILL Franciston Michigan Wiles 13 - 45/11 15 - 11/3 154:84 12/11 Have Euce Calmany Money Lead to the State of Pitch and Sitznessey & When OF his property bear 140. STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		3	FOR			NED A DTAKENI		MARYLAND H AND MENTAL	HYCIENE		0 0	7.0	-2
	A	1-	STATE REGISTRAR					CERTIFICATE		REG.	d. 0	1 0	3
		1. DE	CEASED NAME	FIRST		WIDDLE		LAST	20 D	ATE KNOWN		DAY YEAR	2b. HOUR
	→ × 3 ≈ E	(TYP	E OR PRINT)	Kimbe	rly	"KIM"		Hilderbra	nd DE	OF ESTI-		15 19 81	M
1	STREET	3. SEX		4 RACE	5. DATE OF BIRTH	VEAR LAST	BIRTHDAY) MON		ER 24 HRS. 2t.	DATE	MONTH	DAY YEAR	2d. HOUR 7:22P
	ARY L DIR Y OU TON		male	White	3/22/19		YRS.		-	DEAD	11	15 1981	1.22F
	CESS VERA MITHIN	FO	RTHPLACE (5) REIGN COUNTRY) Lana	ATE OR	76. CITIZEN OF WE	IAI COUNTRY?		RIED NEVER MAI	RRIED -	LTIMORE CITY		Y OF DEATH	
	S NE S NE		TY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING	HOME, OR OT		Il2o, USUAL C	CCUPATION (2b. KIND OF BU	MD.
	H. IF ANY DELAY IS NECESSARY 1. 2. AND 3 TO THE FUNERAL DIRCOR W. 3. RETAIN PAGE 5 FOR YOUR THE 2. SHOULD BE FILED, WITHIN 72 HOURS MALKECORDS, 201 W PRESTON STREET,	- 7	Baltimo	re	1	SITY HOS			Stu	working life)	High	Schoo.	l ^Y
	AIN DE PROPERTIE	13a S	AL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GI	13c CITY OR TO	ADMISSION)	13d. INSIDE CITY LIMITS					
. 2120	AN PERSONAL PARTIES	Ma	ryaan	d Merve	t/ Kent	Milli	ngton	YES NO	XI2	RFD			
WD.	PM 3 NND 2 NND 2 NND 2	14. FA	THER'S NAME		Hilderbr	LAST		15. MOTHER'S MA		MIDDLE		LAST	
ORE	A BEA	160 V		esse DEVER IN U.S. AR		and	CURITY NO.	17. INFORMANT	iana Ga	ADDRE	Locus	st Gro	ve
BALTIMORE, MD.	RS AFTER DEATH. IF SOMETH FORM PM 3. WITH FORM PM 3. T. PAGES 1 AND 2 SI DIVISION OF WITH PM PM 3. T. PAGES 1 AND 2 SI DIVISION OF WITH PM PM 3. T. PAGES 1 AND 2 SI DIVISION OF WITH PM	(Y	no, or unkno	WN) (IF YES, GIVE	-WAR OR DATES)		7062		Coleman			ille, 1	Md.
	WITH PA		18 CAUSE O	F DEATH (Enter or	ly ane cause per line	far (a), (b), and (c).)					APPROXIMATI BETWEEN ONSE	INTERVAL T AND DEATH
PRESTON ST.,	24 HOUR TEM 18. ONG W PERMIT. SIENE, D		PARTIDE	ATH WAS CAUSE	TE CAUSE (a) MU							52	
ESTO	IIN 2 IN II IST P HYG MOV	>	8/5	ns, if any, which		AS A CONSEQUI	ENCE OF						
W. PR	WITH NCIL IRAN ITAL		gave ris	se to immediate	(b)	AS A CONSEQUE	ALCE OF						
201 V	MEN PE	1	lying cau			AS A CONSEQUI	INCE OF						
DS,	XECU AND AND WATIO		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (a).				
DIVISION OF VITAL RECORDS,	BE E A S A A S A A LTH CREW	NO.											
AL R	SED AL,	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED?				20 AUTOPSY	?
YIY :	NI O NI O	FE	21a EXTERNA	AL CAUSE WAS	21b TIME OF	INILIRY	121c H	OW INJURY OCCUR	DED JENTER NATURE	OF IN HIDV IN ITEM	18 PART I OR PAR	YES 🗌	NOXIX
O	STATE OF THE LEGAL	ALC!	UNDERLYING		HOUR XXX	MONTH DAY	YEAR 19 8 1	passenger					
/ISIO	ERTIF ING ING BD TG BSHC PRIC	EDIC	21d. INJURY C	OCCURRED	21e PLACE C	OF INJURY (AT H		DCATION STREET		ORTOWN	CON		STATE
ā	WRIT WRIT ARD AGE:	E	WHILE AT WORK	NOT WHILE X		reet	Hac		er Rd. e		000		• Md
	ATE, TI		22e. I certi	fy that I took char	ge of the remains des	cribed abave, hel	dan Auta	psy , Inspec	tion X, Inc	quiry ,	and in my api	nian	
	ANN PER		death result	ed fram: Natu	ral causes .	Accident X	Suicide	, Hamicide	Undetermin	ed manner].		
	MAR. WILL	18.	ACTUAL		aun to	May y	.01	TITLE (SPECIFY)	Oblas		DATE	11/16	10 1
100	SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW		SIGNATURE,	1100 M	myon	10101	WCT .	w.D. Deputy	Ch Chedical	EXAMINER	DATE	11/16	701
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG NATER DEATH DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYIAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		EXAMINER'S (TYPE OR PRI	NAME Th	omas D. Si	mith, M.	D.	ADDRESS 11	Penn S	t. B	alto.,	MD.	- 23
	DAY OF A	23o. B	URIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NAME	OF CEMETERY	OR CREMATORY	23d, LOCATI CITY OR TO	ON 1	_ COUN	TY S1	TATE
	BP	1	UNERAL DIRECT	TOP	11/20/81	Garl	and Br	ook Cem.	COL1	imbus,			
	DHMH - 17 (VR A 15 ME (5))	24.	HME) 1	00:11) O ADDRESS	Chester	town	Md. NO	2 0 198			W. 7.	
	15M 2/80		70000				,			. 07-07-10	7	y myerou	

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0			STATE OF MARYLAND		0 0 7	1 0
No. of the second	FOR STATE REGISTRAR	DEPAR	TMENT OF TEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	28/	1 0
1 31	1 DECEASED NAME FIRST (TYPE OR PRINT) MARIE	MIDDLE	HILL	20 DATE OF DEATH M		6:25 p
	Female	1 RACE COL	S. DATE OF BIRTH JUNE: 20, 1951	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
O 765	70 BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR BALTIMORE		MD.
by the feed with	BATIMONE	JOHNS HOPKI	NS HOSPITAL	120 USUAL OCCUPATIO INEOF WORK FOR MOST OF V		OF BUSINESS OR
MARYLAND 2120 Ted within 24 hours Tholetely filled in by and 2 should be a	maryland 136 cou	OR OTHER INSTITUTION GIVE DISIDENCE BEFO JINTY TISI CITY ORTO DAIL	WN 13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	NorthA	ve,
	Lewis	MIDDLE HLAST	15. MOTHER'S MAIDEN NA	WIDDLE	PAlmer "	51
BALTIMORE, Core be executed by the body of the best of the body of the best of	16a WAS DECEASED EVER IN U.S. A (YES, NO PRUNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 215-64-	9249 mrs Sulin	Remy 1537 7	mountmex	ct.
that B death certification is a second secon	PART I. DEATH WAS CAUS	polly one cause per line for (a), (b), c SED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)	UENCE OF		BETWEEN	KMATE INTERVAL ONSET AND DEATH
RECORDS, 22 SUPPLY SUPP	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		D DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDII IN CERTIFYING CAUSES	NGS USED S OF DEATH?
OF VITA	OR CONTRIBUTING CAUCE OF A	EATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY	YES	NO NO
MVISION Section 1975 The thin is to the burn h and Mil	GIF EITHER NOTIFY MEDICAL EXAMIN WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	211 LOCATION	CITY OR TOWN	n COUNTY	STATE
CTOR A LIFE OF THE OF T	saw the deceared alive a above (li) we (did) (did r	pital) attended the deceosed from 19 and view the body after death.	, and that (m) (aur) apinion	death accurred an the date	and haur and from the	that (1) we) last couses stated
SRAL OF SRAL OF SRAL OF Store Depth in T. H. In	226. SIGNATURE	Haves for	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE	SIGNED
TO HOSPITAL reformed by it TO FUNERAL should be det with the Stote	ROBERT	I. GARVER	JR 276 ADDRESS JO	INS HOPKINS	s Hospital	,
1303вр	230. BURIAL, CREMATION, REMOVA BULLA 24. FUNERAL DIRECTOR	11-12-81 C	name of cemetery or crematory	23d. LOCATION CITY OR TOWN A 11 STREET OF THE REC'D. BY REGISTRAR 25	COUNTY COUNTY	mi
DHMH - 16 50M 1/81 (VRA 15, 4)	Joseph L. Ru	55 2222 W. A	lorth Ave. N	OV 13 1981 .	Manu Jan	Marth

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	TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pagintal or attending physician.	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct vise as the buriol-transfer permit. The please remove carbonopers: Pages 1 and 2 should be filed within 72 hours the holls and Americal Harding services by the please removes carbonopers.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	PH	this de b
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	TENDING PHYSICIAN: The Litter or aftending physicion.	OR. After this certificate has been signed by the attending physician or a use as the burial-transit permit. Then please remove cohomopers. Removed that the property of the p
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Harrison Hill November 16, 1981 Monroe 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Jan: 30,1921 YEAR 60 White Male TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED USA Virginia Baltimore City DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Motor Tank Saleshanustry Baltimore Maryland General Hospital 130 STATE 13:322 Ste George's Road ESSE OR TOWN 13d INSIDE CITY LIMITS? Md. YES [NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST H. HillGibson Robert Beatrice 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) WW 2 215-18-3079 Mrs. Natalie E. Hill ues Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c.) PART I. DEATH WAS CAUSED BY Pneumonia; respiratory failure IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF THE LUNG Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 10 shov NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) rked WHILE NOT WHILE AT WORK 220.1 certify that X (this haspital) attended the deceased from sow the deceased alvegage November 16 October November 81 sow the deceased alive of NOVEMDER 10 above, in (we) (did) (waste) view the body after death and that in (m) (aur) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Sheila Rhodes, M.D. C/O Maryland General Hospital 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial COUNTY Nov.18,1981 Moreland Memorial Park Baltimore 24 FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

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17	FOR STATE			MENT OF HEALT	MARYLAND H AND MENTAL I		28/12		
	REGISTRA		MEDICAL	EXAMINER'S	CERTIFICATE (KLO.			
6	DECEASED N (TYPE OR PRINT)	AME FIRST			LAST	26. DATE KNOWN	MONTH DAY YEAR 26. HOUR		
S. S. I	70	Char			Hines	DEATH MATED	□ 22 19 8 M		
DIR, OUR ON	Male	4. RACE White	5 DATE OF BIRTH MONTH DAY 5/12/1896	6. AGE (IN YEARS IF U	INDER TYR. IF UNDER	R 24 HRS. R. DATE PRONOUNCED DEAD	MONTH DAY YEAR 2d HOUR 9:55P		
IS NECESSARY, EFUNERAL DIR. G.E. 5 FOR YOUR EE, WITHIN 72 DI W. PRESTON	-Zo. BIRTHPLACE		USA	MARRIED NEVER MARRIED					
3524	ID. CITY OR TO	more	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE University	TYPEOF WORK 126 KIND OF BUSINESS OR INDUSTRY Natural Gas					
OMEON	USUAL RESIDEN 130. STATE Pa.	[136.70QUI	or other institution, give residence vity 13c. CIT as the Value vity vity vity vity vity vity vity vity	ve.					
H-140	74. FATHER'S N	ge	MIDDLE Hine	LAST S	TS. MOTHER'S MAID	ENNAME	Unknown		
1ST., BALTIMORE HOURS AFTER DEA A 18. GIVE PAGES AMIT. PAGES I AM NE, DIVISION ON NE, DIVISION ON	16a. WAS DECE. (YES. NO. OR UP	KNOWN) (IF YES GIVE	RMED FORCES? 16b. 50	-07-2528	17. INFORMANT	ADDRE	SS Davidsonville Md.		
S AI GIV PAC PAC PAC	-		nly ane cause per line far (a), (b		James Hir	es 1307 Lake F	orest Rd.		
CORDS, 201 W. PRESTON BE EXECUTED WITHIN 24 I NDING" IN PENCIL IN ITE IS A BURIAL - TRANNIST PER ILTH AND MENTAL HYGIE ILTH AND MENT	Conc gave cous lying	itions, if any, which rise to immediate (a) stating the <u>under</u> cause last.	DUE TO, OR AS A CO	NSEQUENCE OF		ART I (e)			
- X - W 10 11 9	200	OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY? YES □ NO □X		
CERTIFICATE SITING THE WOOD THE COST SHOULD BE DEPARTMENT IN PRIOR TO BUT IN P	210. EXTE UNDERLY CONTRIB 21d INJU WHILE	Y OCCUPPED	21b. TIME OF INJURY HOUR XX. MONTH DEATH 7:50 P.M.	2219 81 St		ED (ENTER NATURE OF INJURY IN ITEM	71		
DIVIS THIS CENTING WARDED PAGE 3.1201 P	WHILE AT WOR		STREET, FACTORY, FARM, home		STREET	est RD.	A.A. MD		
DIVISION OF VITA MEDICAL EXAMINER: THIS CERTIFICATE SHC ECUTE THE CERTIFICATE, WRITING THE WORD OF 4 SHOULD BE FORWARDED TO THE CHI OF FUNERAL DIRECTOR: PAGE 3 SHOULD BE USTER DEATH, WITH THE STATE DEPARTMENT OF ALTIMORE, MARYLAND, 21201 PRIOR TO BURI	death re	sulted Minimum North	ge of the remains described ab	X, Suicide	Homicide TiTLE (SPECIFY)	Undetermined manner	DATE SIGNED 11/23/81		
TO MEE EXECUT PAGE 4 TO FUN		R'S NAME PRINT)	Thomas D. Sm	ith, M.D.	_ADDRESS	Penn St. Ba	Ito., MD.		
BP	Buri	ıl	11/25/81	Tidal Unio	n Cemetery	Tidal Armst			
DHMH-17 (VR A15 ME (5))	24. FUNERAL D	MAS J.S	KAKDA 282	9 HODSON	SZ DE	- ///	GISTRA HIGH		

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		and the same	101-01-01		
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		The same			

	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2 8	/ 1 3
nay be page 3		CEASED NAME FIRST Bab	4 boy H	irsch	nšt .	20. DATE OF DEATH	A 1981	
ge 4 may ector, paç	3. SE	' Male	4 RACE COUC	5. DATE C	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
Poger Process	10 B	RTHPLACE (STATE OR FOREIGN DUNTRY) Hayland	76 CITIZEN OF WHAT COU	MTRY? 8 MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY O		Cidy) MD.
	10 C	or town of death	11. NAME OF HOSPITAL, NIE NOT INSUCH FACILITY, GIV	URSING HOME C		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		ND OF BUSINESS OR TRY
filled in hould be	130	Lary band COUN		R TOWN	13d INSIDE CITY LIMITS?	130. STREET ADDRESS.	bintlero	pe Ave
ompletely and 2 sh		THER'S NAME REUIU S	Many His	irsch	15 MOTHER'S MAIDEN NAME FIRST	WIDDLE		LAST
be execu		/AS DECEASED EVER IN U.S. AR/ ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE		
that the death certificate d by the ottending physici lease remove corbon paper ial, cremation, ar removal. or other traumatic event, th		18 CAUSE OF DEATH. Enter on PART I. DEATH WAS CAUSE! 753 Conditions, if any, which gave rise to immediate cause ial, stating the underlying cause last	ly one cause per line for (a), D BY: E CAUSE (o) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	ISEQUENCE OF	yudrone	oloney	BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH
he low requires on. hos been signe permit. Then p ene prior to bur ows any injury, i	CERTIFICATION	PART 2. OTHER SIGNIFICANT C	196. CONDITION FOR V		N WAS PERFORMED	206 AUTOPSÝ?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED ISES OF DEATH?
G PHYSICIAN: ottending phys er this certifica the buriol-trof and Mental Hy ked or frem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE WHILE AT WORK AT WORK	216, TIME OF INJURY HOUR A.M. MONT P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY,	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUR		STATE
L OR ATTENION the baspital DIRECTOR: DARECTOR: Cached for us to Dept. of He		220 I certify that (1) this hospit sow the deceased alive an above (1) the did did not 22b. SIGNATURE	4.1	_19 <u>8/</u> , an	d that in (my) (our) opinion of	MEDICAL STAF	22c. D.	the causes stated ATE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be detr with the Stote IMPORTANT: I	23n F	22d. PHYSICIAN'S NAME (TYPE OR LECTION) URIAL, CREMATION, REMOVAL	Marbau 123b. DATE	1237 NAME OF C	220 ADDRESS Tohus Ho	pokins H	ropital	Baltivon
BP	· ·	PECIFY)	Z30. DATE	130 NAME OF C		CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	NERAL DIRECTOR NAME	ADDR	ESS	250. DATI	REC'D. BY REGISTRAR	ZSb. REGISTRAR'S SIGI	NATURE

Little boy boy said Mary Arry Lowell Make Code Hos - 12 A Alberta H - O-Tall A 20 bully of (pro) standard Polymon both on City I gold the gland three Ave I I says the grant of the Ave Keulu Shown Hirsch Contel

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~	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 🕹 [28717
oy be	(TYPE	CEASED NAME FIRST ORPRINTS NORM	middle F. H	to Aman To Date OF BIRTH	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9e 4 m	3. SE	Male	White	MONTH DAY YEAR	71	MONTHS DAYS HOURS MIN.
deoth. Poo		Maryland	LISA	MARRIED DEVER MARRIED WIDOWED DIVORCED		none (ity MD.
s after by the 3 aled will on onliked	10. C	Baltimore	(IF NOT IN SUCH FACILITY GIVES TREET.	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF PERSON FREIGHT	working the industry t office worker
in 24 hour ly filled in should be f	13a. 3	ALRESIDENCE IF NURSING ONE OR STATE ALL AND BALL THER'S NAME		N 13d. INSIDE CITY LIMITS?		de Rd.Balto.Md.
ed with	14. FA	Louis We	sley Hoffman	FIRST .	MIDDJE.	Kinneman
Poges 1		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	NED FORCES? 166. SOCIAL SECU WAR OR DATES) 215-05-9	17. INFORMANT 1223 Mrs. Alice E.	Hollman. Same	
quires that the death certification is signed by the ottending properties that buriel, cremation, or remainty, or other traumatic even	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)		ainal disease or cond	DITION GIVEN IN PART 1(0)
he low re on. has been t permit. I tene prior	CERTIFICATI	190. DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: T ng physici certificate priol-transi tental Hygi	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
attendi attendi fter this as the but th and M	MEC	WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOW	
ATTENDI sspital or CTOR: A d for use t, af Healt n 21 is ma		22a.1 certify that (1) (this haspite saw the deceased alive on above	ol) ottended the deceased from1919		deoth occurred on the do	te and hour and from the causes stated
TAL OR y the hor RAL DIRE detacher tote Deprivate Heri		22E SIGNATURE		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	
ro Hospital		274 PHYSICANS NAME THE CO	Leuis	St. ASU	es (tes)	pilen/
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	11 22 4004 /	vame of cemetery or crematory udon Pank (emeter)		
OHMH-16 30M 2/80 (VRA 15, 4)	24 F	of ully Funeral	Home, 130 E. Fort	Ave. Balto. Md. 250. DA	107241981	THE REGISTRAR'S SIGNATURE

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FOR

- STATE

REGISTRAR

STATE OF MARYLAND

06

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

HOLLAND

MARRIED NEVER MARRIED

CATE OF DEATH	REG. NO. 2a. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
LLAND	Nov: 2	1981 1105 AM
F BIRTH		FUNDER I YEAR IF UNDER 24 HRS.
NEVERMARRIED DIVORCED DIVORCED ROTHER INSTITUTION	9 BALTIMORECITY OR COUNTY BALTI Mok E 172a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Salesman-Mrs.	175. KIND OF BUSINESS OR INDUSTRY
13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	21234 DLESX PL.
15. MOTHER'S MAIDEN NAM	ME / MIDDLE Grace	Johnson
	11and $7713\frac{1}{2}$ M	liddlesex Pla
Theresa Ho	11and $7713\frac{1}{2}$ M	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Theresa Ho	11and $7713\frac{1}{2}$ M	APPROXIMATE INTERVAL

cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT COM Dial	notitions contributing to DEATH BUT	0.01	1	DITION GIVEN IN PART 11a
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO NO	20b IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH? YES NO NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY STATE

/81

7401

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Belair Road

ATTENDING

PHYSICIAN

DEGREE

DIRECTOR PHYSICIAN

23d. LOCATION

MEDICAL

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

STAFF

COUNTY

220 DATE SIGNED

Md.

(SPECIFY) BP Burial

24 FUNERAL DIRECTOR Lassahn Funeral Home Most Holy Redeemer

Baltimore

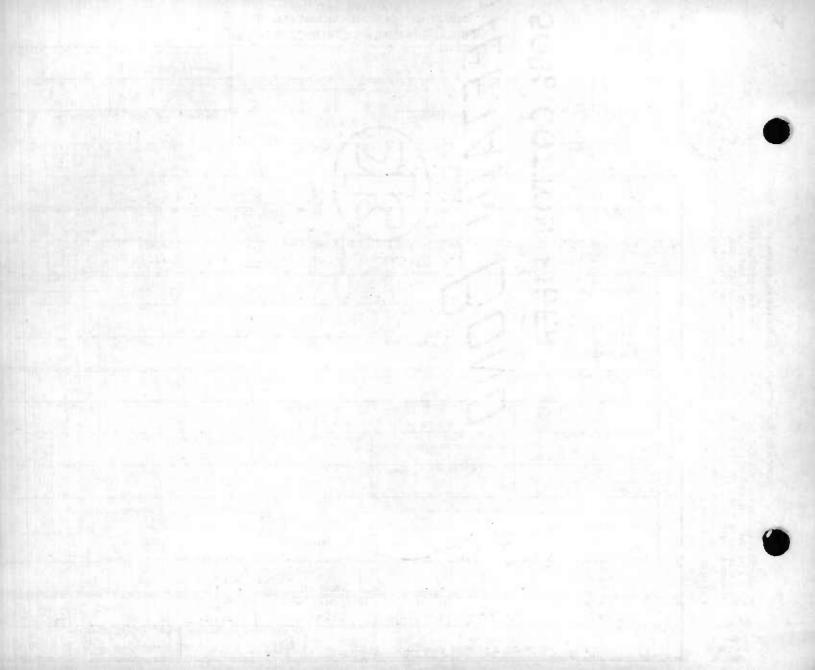
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1981

DHMH - 16 50M 1/81 (VRA 15, 4)

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V			FOR STATE				MENT OF HE		MENTAL H	YGIENE		2 8	1	19
			REGISTRAR		ME		XAMINE	R'S CERTI	FICATE O	F DEATH	REG.	NO.		
			CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST		2a. DAT	ESTI-	X MONTH		EAR 26. HOUR
	ES. ES.			MOLLY				HOLL'	Y	DEAT	H MATED	□ 11	12 198	B1 M
	NTH. IF ANY DELAY IS NECESSARY, PLEASE 3.1, 2, AND 3.10 THE FUNERAL DIRECTOR. PM 3. RETAIN PAGE 5-POX. YOUR FILES. VOTA RECORDS 2.1 W. PRESION STREET,	3. SEX			DATE OF BIRTH	1910	6. AGE (IN YEARS LAST BIRTHDAY) 71 YRS.	MONTHS DAY		24 HRS. 2t. DA MIN PRONO DE	UNCED	MONTH 11	12 ₁₉ 8	YEAR 24 HOUR
-	PESSA PESSA	7a. B.	RIHPLACE (STATE OR	7	b. CITIZEN OF W	HAT COUNT	RY?		NEVER MARRIE	ED L	IMORE CIT	Y OR COUN	TY OF DEAT	
	225 3 4	1	TY OR TOWN OF DE	ATM		CDITAL NILIBI		VIDOWED .	DIVORCE	D & Balt	imore		Tizk KIND C	MD. OF BUSINESS
	ELAY IS PAGE PAGE PEFIE	Ba	altimore		1. NAME OF HO: (IF NOT IN SUCH F) 4132 W	ACILITY, GIVE STR	W Rd.		IIOIION	FOR MOST OF W		TYPE OF WORK	ORINE	
21201	ANY DANY DANY DANY DANY DANY DANY DANY D	13a. S	L RESIDENCE (IF IN N	136. COUNTY	OTHER INSTITUTION, G	IVE RESIDENCE B	EFORE ADMISSION		NO []	136. STREET ADD 4132 Wes	RESS tview	Road		
MD.			ATHER'S NAME		MIDDLE	Whit	AST		THER'S MAIDE	N NAME	WIDDLE		LAST	
BALTIMORE,	2 04 -	160 V	TEMUS VAS DECEASED EVE ES NO. OR UNKNOWN) NO	R IN U.S. ARME		16b. SOC1	AL SECURITY N	10, 17. INF	ORMANT		ADDRE		Owens	5
BALI	ASTAR						3-5336	Ela	ine Les	ter 4132	West	view R		
ST.,	24 HOURS ITEM 1B. G. ONG WIT PERMIT. P. SIENE, DIV		18 CAUSE OF DEA PART DEATH \	WAS CALISED D	V.								BETWEEN	ONSET AND DEATH
NO	TEN HER PER SIEN VAL		4500	IMMEDIATE			CLETOT SEQUENCE OF	c card	iovascu	Lar dise	ase			
REST	E WO			any, which	1	(13 1 0011	SECOLIVEE OF						40.7	
3.	WINE NIA A NIA		gove rise to cause (a) statin		DUE TO, OF	R AS A CONS	SEQUENCE OF						-	
201	EXA EXA ON,		lying couse las	1.	(c)									
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ON OF VITAL	ICATE WEND BUILD B	AL CERTIFICATION	21a EXTERNAL CAL UNDERLYING CONTRIBUTING	OR		M. MONTH	DAY YEAR	21c. HOW INJU	URY OCCURRE	CENTER NATURE OF	INJURY IN ITEM	18 PART 1 OR P.	. 1	
DIVISION	CERTIFIC TING TH SED TO 1 3 SHOU DEPARTA	MEDICAL	21d. INJURY OCCU	RRED	21e PLACE	OF INJURY	(AT HOME,	2)f. LOCATION	1					
D	WRIT WARD PAGE TATED	*		WHILE WORK	STREET, FAC	TORY, FARM, ETC		STREET		CITY OR	IOWN	CC	YIMUC	STATE
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P				of the remains de	1		Autopsy	, Inspection	_	,	and in my o	pinian	
4	RETIFIED BE WITH WRYL		death resulted fro	m: Naturol	couses LA.	Accident	L, Surci		omicide	Undetermined	monner	١,		
	MAN VAN		ACTUAL SIGNATURE	MM	Mas	0	_		e(SPECIFY) ssistan	T MEDICAL EX.	AMINED	DATE	ED 11-	13-81
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	MEDIA GE 4 S FUNE TER DE		(TYPE OR PRINT)	Ann N	1. Dixon	M.D.		ADDRES	ss 111 Pe	nn St.				
71	524544 _	23a.B	URIAL, CREMATION,	REMOVAL 236.	DATE	23c. N	AME OF CEME	TERY OR CREM		23d. LOCATION	1	cou	INTY	STATE
10	/BP		Burial		11/17/83	1 Ar	butus M	emorial		Arbut	us			Md
JE 11	DHMH - 17	-	UNERAL DIRECTOR		ADDRES				NOV	EC'D. BY REGIST	RAR	GISTRAR'S	SIGNATURE	,
	(VR A15 ME (5)) 15M 2/80	N	illiam C.	March	F/H 110	1 E. No	orth Av	enue	NUV	1000.	7/104	0	The Co	de la companya de la



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	1-	Items 18b. FOR 1-7-82 AI REGISTRAR		PARTMENT OF	E OF MARYLAND HEALTH AND MENTA FICATE OF DEATH		NE B	2. 8	3 /	21
by be age 3 death		CEASED NAME FIRST OR PRINT)	CENT R.	HOI	LTZ	2		MONTH DAY	S/	26. HOUR 1:20 M
ctor, poor	3. SEX	FEMALE	4. RACE WHITE		OF BIRTH	AR	AGE (IN YEARS LAST BIR	MON	NDER I YEAR	IF UNDER 24 MRS HOURS MIN.
1 AND BS		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUL	NTRY? 8.	D NEVER MARRIE	D 0 9	BALT IMORE	R COUNTY OF	DEATH	MC
34		TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, N (IF NOT INSUCH FACILITY, GIVE BON SECOURS	E STORESANDORESS)		I NO	TYPE OF WORK FOR MOST C CLERICAL		126. KIND O INDUSTRY A & P	F BUSINESS OR
n 22 hours	13a. S			RTOWN	13d. INSIDE CITY LIM		3e STREET ADDRESS 5004 SHELF			RY CHAI 21227
ampletely ond 2 s		ENOCH		NEDINST	15 MOTHER'S MAID FIRST THELE		MIDDLE		KILD	UFF
oe execu		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)	E WAR OR DATES)	20-2763	PATRICIA	A. A	SHBURN 300		N AVE	., 2122
quires that the death signed by the atten hen please remore a oburial, aremation, jury, ar ather trauma	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTING	SEQUENCE OF			AL DISEASE OR CON	DITION GIVEN	IN PART 11c	33
on. has been permit. The ene prior has only in	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	//	(rc)	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES	
rysician: T ding physici s certificate burial-transi Mental Hygi in frem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		H DAY YEAR	21c. HOW INJURY C	OCCURRE	(ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)	
r attend After this as the b Ith and I	ME	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, (STREET	ď.	CITY OR TO	WN	COUNTY	STATE
Ok Allendore haspital of DIRECTOR: A picked for use Dept. of Head from 1 is many them 21 is ma		220.3 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	tol) attended the deceased to view the body after death.	0.	nd that in (my) (our) a		oth occurred on the di		d from the	
TO HOSPITAL retained by the TO FUNERAL should be deto with the State		22d. PHYSICIAN'S NAME ITYPE OF	RPRINTIPLE SIDIFE	of us	PHYSIC 22 ADDRESS		physic		Ley 210 G	liza.
BP	1	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 11-07-81		OLIVET	TORY	23d LOCATION CITY OR TOWN BALTIMOR	E CITY	YIAUC MAI	RYLAND
MH-16 30M 2/80 (VRA 15, 4)	24 FU	UNERAL DIRECTOR NAME IRRADD FILMEDAT			229	NO.	REC'D. BY REGISTRAR		SIGNAT	Warthen

. AVA SECURIO TIME SHEET, STATE ONLY BEST SANS

21 201

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

STEWART & MOWEN CO., 108 W. North Ave.

DHMH-16 30M 2/80

(VRA 15, 4)

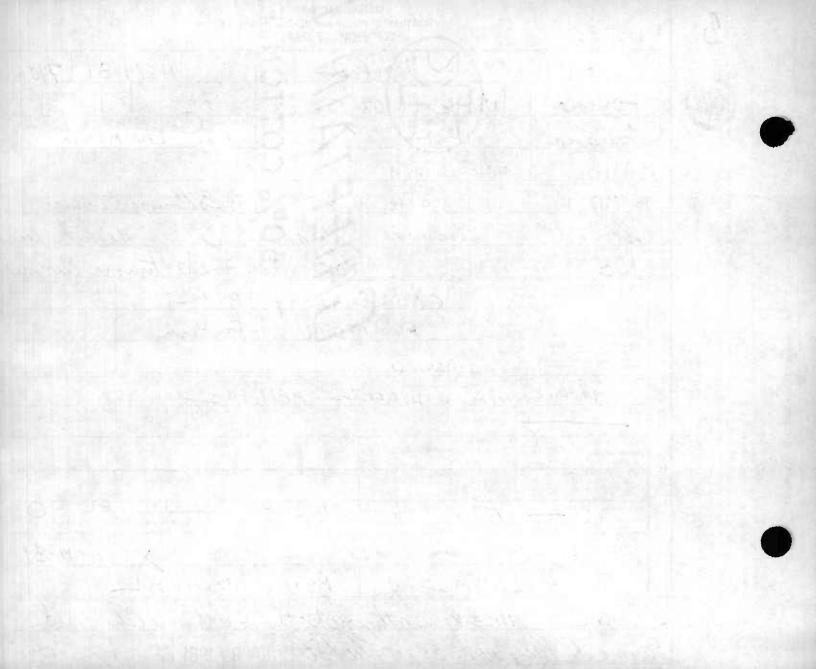
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	August 18. 19.01	emnlati	1/8 e
BULLONS CITY			nnish
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71 Stillwater Bond 2022	2	Anenii I stori	light but ograss
Fact Company	937	297	
Hamilton Hamilton (1974) 1981 - Hamilton Hamilton (1984)	ALLO E ALLO BON PARKE STREET	-11	V

Dundalk, MD. 21222

DHMH-16 30M 2/80 (VRA 15, 4)

7922 Wise Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH MONTH 7b. HOUR TYPE OR PRINTI 3. SEX 4 RACE & AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 03 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED | WIDOWED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170. USUAL OCCUPATION 17b. KIND OF BUSINESS O (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NUR THE TOTAL OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES, NO ORUNKHOWN LIF YES, GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) a PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last AKCU PART 2 OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per Hygier Hygier NO YES [NO [cha 216. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH and Mental MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION marked or (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE STREET NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased glive an abave, (I (we) (did) did not) yiew the bady after death , and that in (my) faur, apinian death occurred on the date and haur and fram the causes stated 5 Dept. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be detained with the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. MAN'S NAME (THE CHIMNI) 22e. ADDRESS CREMATION, REMOVAL 73b. DATE NAME OF CEMETERY OR GREMAT BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4)



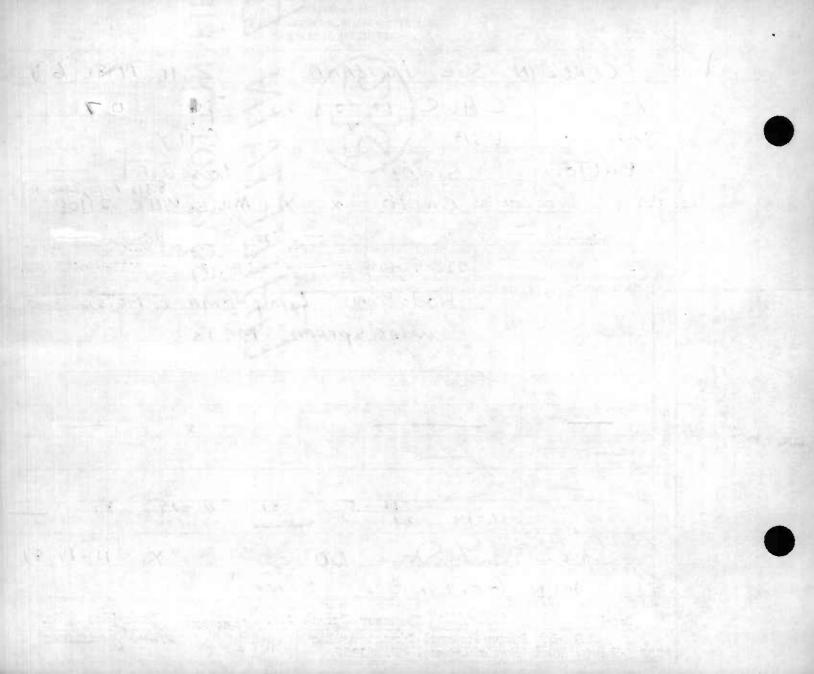
	- STATE REGISTRAR		DEPARIM		ICATE OF	MENTAL HYG DEATH	REG. 1	40.	. 0 .	Ga vd
	ECEASED NAME FIR		MIDDLE	LA	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	NIC	ole L	ynn	HOR	NER		Novembe	r 7,	1981	7:54a
3. SE		4. RACE		5. DATE O		****	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	
	Female	Whi	te	MONTH	5	81		YRS.	MUNTHS DATS	21 MIN.
7a_B	COUNTRY (STATE OF FOREIG	Th CITIZEN OF	WHAT COUNTRY?	8	NEVER	AABBIED D	BALTIMORE CITY	OR COUN	TY OF DEATH	
. 1	Maryland	US	Α	WIDOWE		VORCED T	Baltim	ore C	lity	MI
1	Baltimore	Mary 1	HOSPITAL, NURSING THE FACILITY, GIVE STREET AT AND Gener	al Ho		TITUTION	120 USUAL OCCUPATION OF WORK FOR MOST	ION	12b. KIND	OF BUSINESS OF
-1		county FT, FT en Burnie	GIVE RESIDENCE BEFORE A	admission) V	13d. IŅSIDE C	NO 🔀	13e. STREET ADDRESS 517 Wimmer	Road		
14. F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME			151
1	Edwin	John	Horner		64.5	Mary	Do	nna	Matt	heu
	WAS DECEASED EVER IN U	I.S. ARMED FORCES?	166 SOCIAL SECUR	RITY NO.			cal Records			U
	(IF	its, over war or oates	N/A		Md G	eneral	Hospital,	827	Linden	Ave.
	Conditions, if any, whi	ich (1b)	congent ia	Te hea	rt dis	ease-Hy	/poplastic	left	heart	21 hours
NO		DUE TO, Of	r as a consequen	NCE OF						
TIFICATION	gave rise to immedic cause (a), stating t underlying cause lo	one dist. DUE TO, Of the dist. (c) ANT CONDITIONS CO	r as a consequen	NCE OF	NOT RELATED) TO THE TERM		20b. IF Y		INGS USED
CERTIFIC	gave rise to immedia cause (a), stating i underlying cause to PART 2. OTHER SIGNIFIC	ANT CONDITIONS CO	R AS A CONSEQUEN ONTRIBUTING TO DI TION FOR WHICH C F INJURY M. MONTH DAY	NCE OF	NOT RELATED	O TO THE TERM	NINAL DISEASE OR CON	20b. IF Y	ES, WERE FIND IFYING CAUSE YES []	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	gave rise to immedia cause (a), stating 1 underlying cause la part 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOTIFY MEDICALEX 21d. INJURY OCCURRED	DUE TO, OF DEATH CAMINER) DUE TO, OF DEATH CAMINER 21b. TIME O HOUR A./ 27c. AMINER 21c. PLACE C (AT HOME STR	R AS A CONSEQUENT ON TRIBUTING TO DISTRIBUTING	DPERATION Y YEAR 19	NOT RELATED WAS PERFO 21c. HOW IN 21l. LOCATIC STREET	D TO THE TERM PRMED JURY OCCURI	NINAL DISEASE OR CON 200 AUTOPSY? YES [] NOX	20b. IF Y IN CERT	ES, WERE FIND IFYING CAUSE YES []	INGS USED S OF DEATH?
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DHMH - 16 50M 1/81 (VRA 15, 4) Burial #1/11/1981 Lakeview Ce
Raymond C. Fink Glen Burnie 7 Md.

250 PATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE NOV 12 1981

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH 81 6 AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR INDUSTRY HOUSE WIFE 8311 MARYLAND RTS MILLERVILLE Unknown 17 INFORMANT Mr. Robert Gerald Howland 8311 Maryland Rt. 3 North Millersville, MD. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED DIRECTOR PHYSICIAN 11/18/81 Ebenezer Church Cem. Va. Burial 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc DHMH - 16 50M 1/B1 (VRA 15, 4) Randallstown, MD. 21133 8728 Liberty Road



FOR

STATE OF MARYLAND

EP	ARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIE
	CE	RT	IFIC	ATE	OF	DEATH	

- STATE REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME MIDDLE 26 HOUR TYPE OR PRINT **JOSEPH** HUBER 11-24-81 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR Sept 9,1909 72 White Male BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Md. USA City DIVORCED | WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR Ret. Auto Mechanic INDUSTRY Baltimore Church Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY Baltimore 13d INSIDE CITY LIMITS? 6510 Walther Avenue Md. YESK 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Kilchenstine Catherine Frederick Huber B. ADDRESOakland, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Me. Raymond J. Huber R.D #5 Box 245H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY: (MMEDIATE CAUSE (D) CARDIO RESPIRATORY ARREST 15 MONTHS DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF THE LUNG WITH SECONDARIES Conditions, if ony, which 2 MONTHS gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO F 21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 11-24and that in (my four) opinion death accurred on the date and hour and from the causes stated id (did not) view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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MPORTANT

23a BURIAL, CREMATION, REMOVAL 23b. DATE

Burial

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION Most Holy Redeemer Baltimore

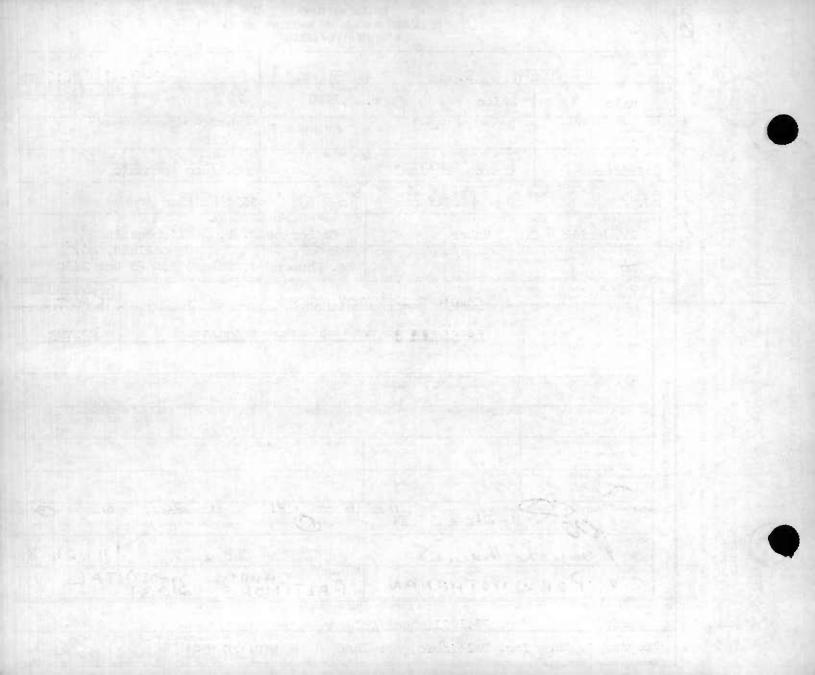
COUNTY

Md.

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

Nov. 28,1981

250. DATE REC'D. BY REGISTRAR 256. REGISTRAN SIGNATUR



		Item 8 g563 1	./7/82 gj	STATE OF MARYLAND		
2	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 8	28/23
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26, HOUR
noy be poge 3 er deoth		EMA	4 4	HUDGINS	11	11 81 1:50AM
The po	3. SE	1	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1 1 1		temple	BIACK	8 3 26	55 YR	
8 99 4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
1 1 X X X	V	RGINIA	U.S.A.	WIDOWED . DIVORCED .	BALTINOPE	CITY MD.
[N. M.] 3.1/	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
50 196	B	ALTIMORE	LUTHERAN.	HOSPITAL	UNEmploy	
27 24 4	USU,	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITY OR TOV	RE ADMISSION) WN \$13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
NA 1/1 133		MARYLAND	BALTI			URTONST.
RYL withii	14. FA	THER'S NAME	MIDDLE / LAST	15. MOTHER'S MAIDEN N.	AME	A ASTO
MAR v ted w		Norman	Pillups	SARA	ha	HUDRINS
MORE,		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SO CIAL SEC	URITY NO. UNFORMANS AVIS	11 Kubins 715	Ashbarlon -
		NO	21730	317Y HOSPITA	L CHART	51
BALT opers. vol.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), o	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,		IMMEDIA	TE CAUSE (O) CARDIO F	DULMONARY ARAGE	57	
on the certain control of the certain control of the certain control of the certain ce		1590	DUE TO, OR AS A CONSEOU	JENCE OF		
PRESTON he death c motion, or r troumatic		Conditions, if any, which	(b) METASTA	ATIC CARCINOMA OF	= BOWEL AND UTG	965
. + + 100		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEOL	JENCE OF		
201 W.		underlying cause last.	(c)			
	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
ORD requestry Thy	TIO					
RECORDS, e low requir n. nos been sig oermit. Then ne prior to b ws ony injury	ICA	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	111 HOW INTURY OF CH	YES NO	YES NO
DIVISION OF VITAL NG PHYSICIAN: The rottending physicion (ther this centificate h, as the burial-transit p, th and Mental Hygier th and Mental Byshov		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
SECIAL CONTRACT CONTR	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	19 21f. LOCATION		
PHY fendii the bund M	MEC	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
DING or of Affer or or the or		AT WORK		NOV 10 10 81	's NOV /	1 - 31 - 80-
PEND of the Control o			ital attended the deceased fram.	01	death accurred an the date and	hour and from the course stated
OR ATT OR ATT DIRECT oched fo Dept. of f Item 2	40	obove (1) (we) (did) (did no	it) view the body ofter death.	DEGREE	occini decired an me date and	122c. DATE SIGNED
			4. Onlande	ATTENDING	MEDICAL STAFF	11/1/21
HOSPITAL ned by th FUNERAL uld be detent the Stote		22d. PHYSICIAN'S NAME LITYPE O	DP DD INT	PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICIAN	14/4/
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TO HOSE TO FUN should b with the	22	BOHN H			V HOSPITAL 6	MAKYCAND
100/000	230. 8	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	TCITY OR TOWN	COUNTY
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DHMH-16 30M 2/80 (VRA 15, 4)		NAME ON ! DO	1017/ ADDRESS		OV 16 1981 Z	ress Jean Karthen

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	1-	STATE REGISTRAR		DEFARI	CERTII	FICATE OF DEATH	REG. N	10.	0		9
		CEASED NAME FIRST	'e	MIDDLE	/	HUGHES	20. DATE OF DEATH	МОМТН	DAY YEAR 13 81	26. HOUR	
	3 SE	x	4 RACE		5. DATE (OF BIRTH H DAY YEAR	6 AGE (INVEARS LAST BE	RIHDAY)	IF UNDER I YEAR	IF UNDER 2	24 HRS
		Female	Black		2	12 14	68	YRS.	MONTHS DATS	III III III III III III III III III II	MIN.
X		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	NEUS.	
3	1	Virginia	USA		WIDOW	ED X DIVORCED	Baltimore		ity		MD.
37		BOLT IMORE	(IF NOT IN SUC	MERCILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Retired		12b, KIND (INDUSTRY	F BUSINES	SSOR
5	13a. S	AL RESIDENCE (IF NURSING HOME C STATE 136 COU Md	OR OTHER INSTITUTION	Balto.	e admission) VN	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 911 Leade	nhall	Street		
0	14 FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LA		
10		Sally		George		Anna	MIDDLE		LA	51	
		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDR	ESS			
		No		218 07	2122	Elsie Mitche	11 911 Lea	denha	11 Stre	et	
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS		line for (a), (b), an		45			APPROX BETWEEN	MATE INTERV	EATH
			TE CAUSE (a)	META	STA	TIC ADENO	CARCIMOR	MA			
		1539 DUE TO. OR AS A CONSEQUENCE OF TO LUNG, LIVER, BONE Conditions, if dry, which (b) A.SENO CARCINOMA OF THE COLO									
		Conditions, if any, which gave rise to immediate	(b)	ABENO	CAR	CINOMA !	OF THE	COL	CON		
		couse (o), stoting the	DUE TO, OF	R AS A CONSEQU							
		underlying cause last	(c)								
	ATION	PART 2 OTHER SIGNIFICANT	SCHEM	DEATH BUT	NOT RELATED TO THE TERM	DISEASE OR CON		VEN IN PART 1	a ·		
3	ICAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	OF DEATH	1?
4	CERTIFIC						YES NO	YI	ES 🗌	NO 🗆	
5		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH D	AY YEAR	716 HOW INJURY OCCURE	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 7)				
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	-		19						
	MED	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE O	OF INJURY EET, FACTORY OFFICE, I	ARM, ETC)	211 LOCATION	CITY OR TO	NWC	COUNTY	ST	ATE.
		AT WORK AT WORK		,		11/0		1/13	/^		~
		22a I certify that (1) (the hosp			1	nd that in (my) (our) apinion	death assured as the	115	195	that (IV (w	1
	100	sow the deceased blive of abave, (1) (we) (did no 22b. SIGNATURE	at) yiew the bady	after death(1	DEGREE DEGREE	death occurred on the c	gre ond hai			red
		fredric &	Ateival	txink	w	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE	SIGNED	
		FREDRIC	STEWAY	ET SI	RKis	7151 +	to LABIR	D /	TVE.		
	23a. B	SURIAL, CREMATION, REMOVA	23b. DATE	23(.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		40.00		
0.0		Burial	11-19	-81 M	t. Au	burn Cem.	Baltimon	re	COUNTY	Mo	
1/		JNERAL DIRECTOR	WI FELD	ADDRESS		25a. DAT	A	REGIST		Meth	try
	Bı	rown/ Thomps	on F.H.	1913 W	. Bal	timore St.	A 1 9 1991	1/494000	0	1907.25	

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If Hem 21 is morked or Item 18 shows any injury, ar ather traumotic event, the

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s the burial-transit permit. Then and Mental Hygiene prior tab

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MPORTANT: If Item 21 is marked ar Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

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7	V		

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0.		
N	1. DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
١	Norman	n M. Hull			October :	31, 1	981	1:12
F.	3. SEX	4. RACE	5 DATE OF E		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS.
	Male	White	May	8 1914 YEAR	67	YRS.	ONTHS DAYS	HOURS MIN.
-	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	1? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
5	Md.	U.S.A.	WIDOWED [Balto C	ity		MD
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR	OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OR
3	Baltimore	The Johns I	Hopkins	Hospital	Relation			Eletc.
-	USUAL RESIDENCE (IF NURSING HOLE OF 130. STATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFO		d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
3		roll Westmin		ES NOX	712 Old	Westm	inster	Pike
	14 FATHER'S NAME	MIDDLE LAST	15	MOTHER'S MAIDEN NAM				
1	Harry	C. Hull		Fannie		Mye	rs LAS	
,	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17	INFORMANT	ADDRE	ESS		
-		one 214-01.	-0520	Naomi S.	Hull West	minst	er, Md	
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	only one couse per line for (a), (b), a	and ic i, j				APPROX SETWEEN	IMATE INTERVAL
		ATE CAUSE (D)	Failun	S.				
	1539	DUE TO, QR AS A CONSEQ	UENCE OF	Λ ,				
	Conditions, if ony, which	(b) Mtastat	ic Colo	in Carcine	HUC			
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	UFNCF OF				4.114	
	underlying couse lost.	(c)				9-		
		CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
	190 DATE OF OPERATION SUM 8 210. ACCIDENT WAS UNDERLYING			46.0				
1	5 190 DATE OF OPERATION	196 CONDITION FOR WHIC		The same of the sa	20a AUTOPSY?	206 IF YES,	, WERE FINDING CAUSES	AGS USED
3	Jule 81	Couch Car	anon	Vi	YES NO	YES		NO 🗆
1		216. TIME OF INJURY	DAY YEAR	It. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT OR PART 2)	
/	OR CONTRIBUTING CAUSE OF DE	AIN	19					

MED 21d. INJURY OCCURRED NOT WHILE 21e PLACE OF INJURY AT HOME, STREET, FACTORY OFFICE, FARM ETC)

21 LOCATION STREET

STATE

sow the deceased give on Otto 31
above (II) we (did) did not) view the body after death

220.1 certify that (k (this hospiter) attended the deceased from

236. DATE

OCTOBER

our) opinion death occurred on the date and haur and from the causes stated

CITY OR TOWN

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

230. BURIAL, CREMATION, REMOVAL

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DEGREE mo

ATRICIA SAVADE

JOHNS HOPKINS HOSPITAL BALTO, MO 23d. LOCATION

COUNTY

BP.

etained by the hospital

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

11-4-198

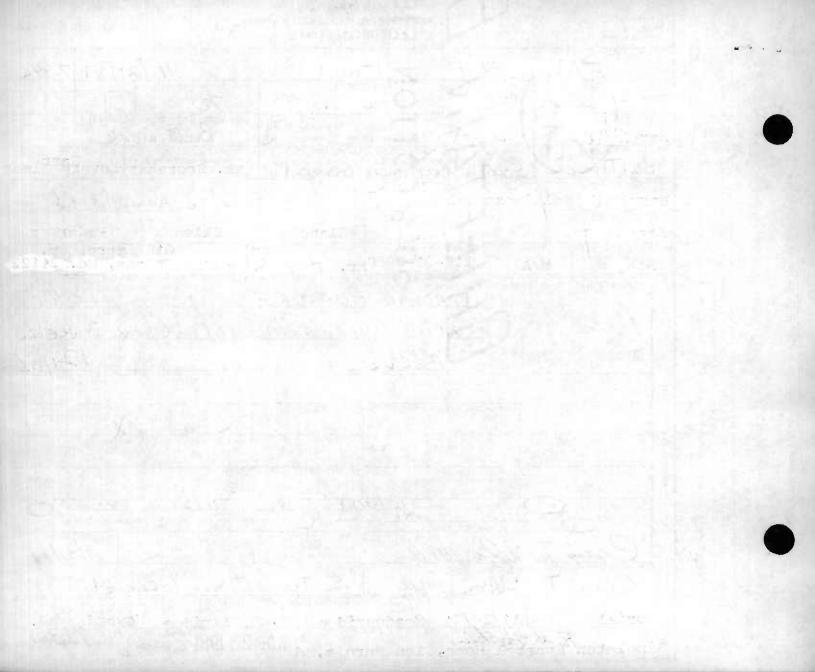
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Uniontown

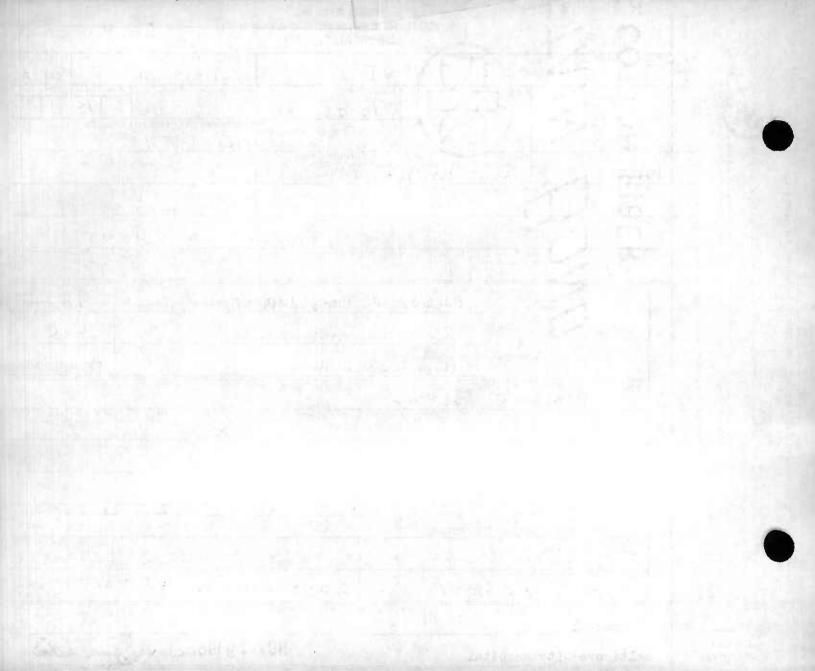
MEDICAL STAFF
DIRECTOR PHYSICIAN

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FOR



	1	FOR - STATE REGISTRAR	DEPART		ICATE OF DEATH	REG. NO.	8 / 3	4
, m.e		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HC	
earl earl	L	BAGO	16IRL HI	JNT		11-12-81	3:	17 AM
1	3 SE	X	4 RACE	5 DATE (6 AGE (IN YEARS LAST BIRTHDAY)		DER 24 HRS
	140	+	Black	17	25 81	YRS.	18	
3		OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
* T	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	WIDOWE NG HOME O		120 USUAL OCCUPATION	126. KIND OF BUSI	MD.
by the filled with	P	ACT. CITY	BACT. CITY +	ADDRESS)	TAL	(TYPE OF WORK FOR MOST OF WORKING LIF		14233 OK
filled in	13 ₀ .	AL RESIDENCE (IF NURSING DIEDER	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN	138 INSIDE CITY LIMITS?	130 STREET ADDRESS BII Camelia	St	
2 sho	14. F	ATHER'S NAME	The second secon		15 MOTHER'S MAIDEN NA	ME		
omple ond		FIRST A	AIDDLE LAST		- LAUR	A A H	JN TLAST	
Poges 1		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECUMENT OF DATES)	JRITY NO.	17 INFORMANT	ADDRESS		
pers. per.		18 CAUSE OF DEATH (Enter on	ly one couse per line far (a), (b), ar	nd (c)			APPROXIMATE IN BETWEEN ONSET A	TERVAL ND DEATH
phy nn po emov	32		E CAUSE (a) CARDIO	RESP.	RATORY ARRE	F3T	200	
ading or re		7400	DUE TO, OR AS A CONSEQU	ENCE OF			- 0	
nove carb otion, or troumatic		Conditions, if any, which	(b) REPE	ATED	ASPIRAT	01	52	-
id by the lease rem ial, cremo		gave rise to immediate cause 101, stating the underlying couse last	DUE TO, OR AS A CONSEQUE HYDRA	ENCE OF	CEPHLLY		BITT	_
gne bur rry,	7			DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART I (a)	
	Ē	POSSI				Ter and terminal	14/5 P. S. 10 P. 1	
ronsit permit. Hygiene prio	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	A TOTAL	YES NO NO YE	S, WERE FINDINGS US YING CAUSES OF DE S NO	ATH?
this certificate he buriol-tronsind Mental Hygind or Item 18 sh		210. ACCIDENT WAS UNDERLYING CAUSE OF DEA			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)	
burice Men or Ite	MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION			
olth and morked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		STREET	CITY OR TOWN		STATE
TOR: A or use of Heo 21 is m		220.1 certify that (1) this hospit saw the deceased glive an obove (1) we) (did) did not	tol) ottended the deceased from	81,01		death occurred on the date and hou	19_81, tho	
ne haspital or ott DIRECTOR: After ached for use as t Dept af Heolth a If Item 21 is morke		22b. SIGNATURE	view the bady after death.		DEGREE		22c. DATE SIGNE	D
4 = -4 = 0		mon /	u Vusty)	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11-12-1	81
etained by the TO FUNERAL should be detained by the State MPORTANT:	1	22d. PHYSICIAN'S NAME (TYPE OF			22a ADDRESS		20.7	Dia -
should be de with the Stot	0.7		IRSHUP		1_9_, _	OLAND AU.	BALLIOM	IZII
	230.	BURIAL, CREMATION, REMOVAL SPECIFY) Removal	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		STATE
16 50M 1/76		UNERAL DIRECTOR	ADDRESS		259 PAT	FREC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE	
RA 15 (4))		Baltimore City	Hospital		NOV	1 9 1901 Chaires	your with	AU



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

Charles Hasen Male Bleck 10 15 154

(VRA 15, 4)



SALTO MD ST AGUES MOSFITAL

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900 CATON AVE BALTO NO 21229

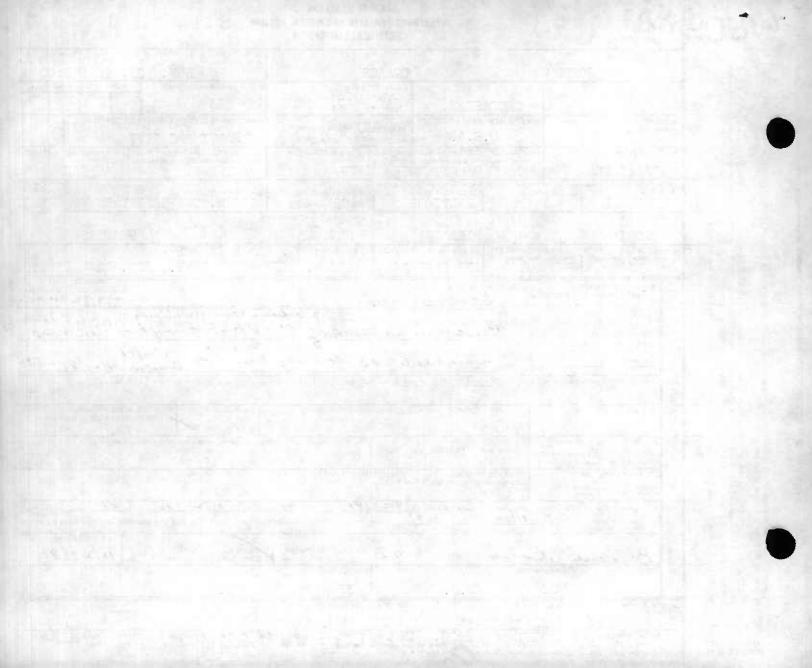
HI DOWN MEDICAL STREET STREET

ALL PROPERTY.

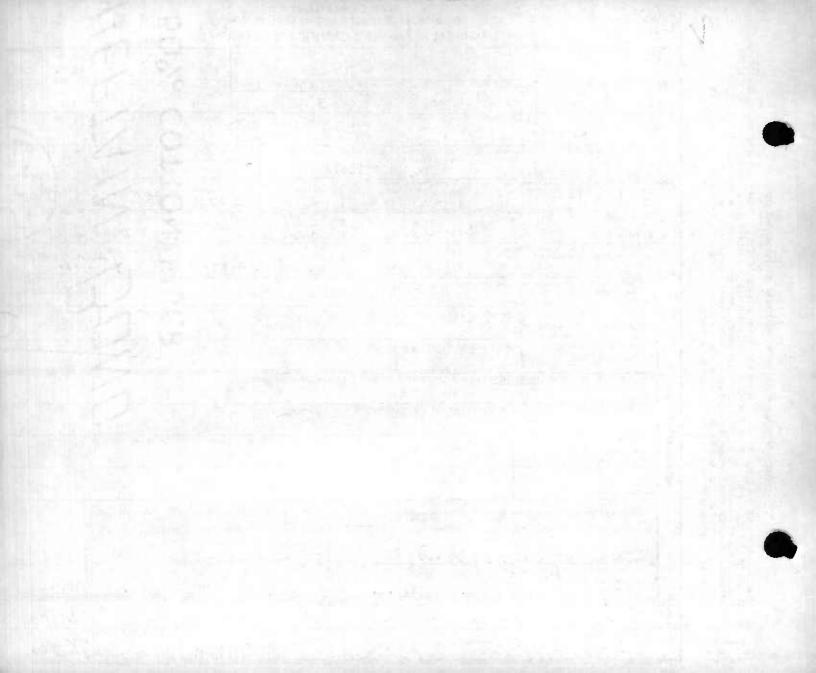
THE TELEVISION NEW PROTOCOLS IN

	- STATE REGIST	RAR		DEPAR		ICATE OF DEATH	GIENE () REG.	NO.	, , ,	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO . DECEASED NAME FIRST KNOWN XX 2h HOLLR (TYPE OR PRINT) OF Jackson Andre DEATH MATED 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 16 DEAD male black TG 199 2:35 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH AM MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City DIVORCED WIDOWED 18. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ACILITY GIVE STREET ADDRES FOR MOST OF WORKING LIFE OR INDUSTRY Mercy Hospital altimore INFAN 3. RETAIN PASHOULD BE F AND 2 SHOULD BE OF VITAL RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? ALTO E PAGES 1, 2 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST AMES to R HOURS AFTE. ver 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMAN ADDRESS DIVISION (YES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATES! SETMAN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL ALONG W BETWEEN ONSET AND DEATH Sudden Infant Death Syndrome PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HEALTH AND MENTAL HY(Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION USED AS 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? BURIAL NO [SHOULD BE DEPARTMENT PRIOR TO BU 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) õ HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH P.M 19 EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE PORWARDED TO FUNEAT DIRECTOR: PAGE 354 AFTER DEATH WITH THE STATE DEPROBLIMORE, MARYLAND, 21201 PRI 21e PLACE OF INJURY 21f. LOCATION (AT HOME AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) 11/19/81 ACTUAL DATE Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 Hormez R. Guard.M.D (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE ANDAI BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE NAME **DHMH-17** (VR A15 ME (5) 15M 2/80



Balto., Md.

4905 York Road

21212

- STATE

BHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

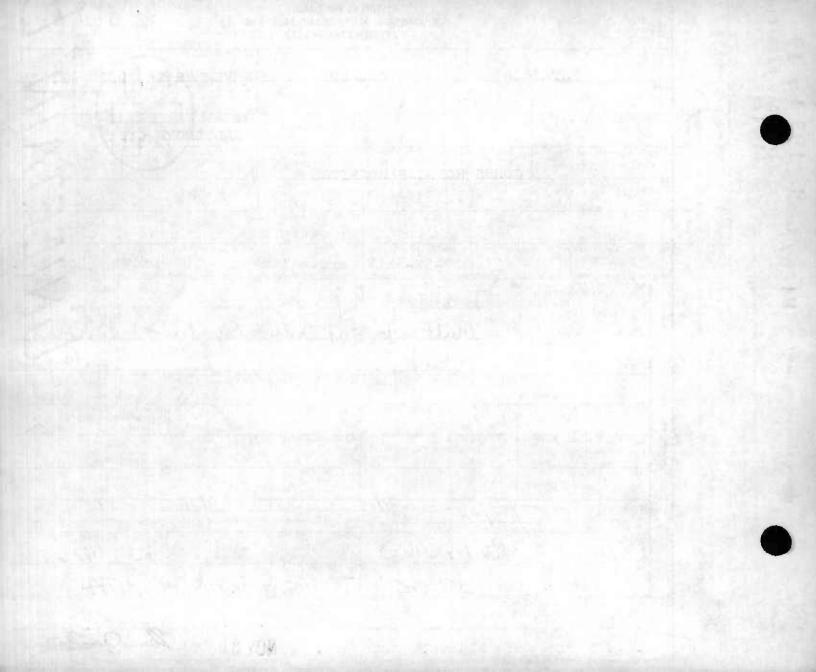
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8728 Liberty Rd., Randallstown, MD 21133

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

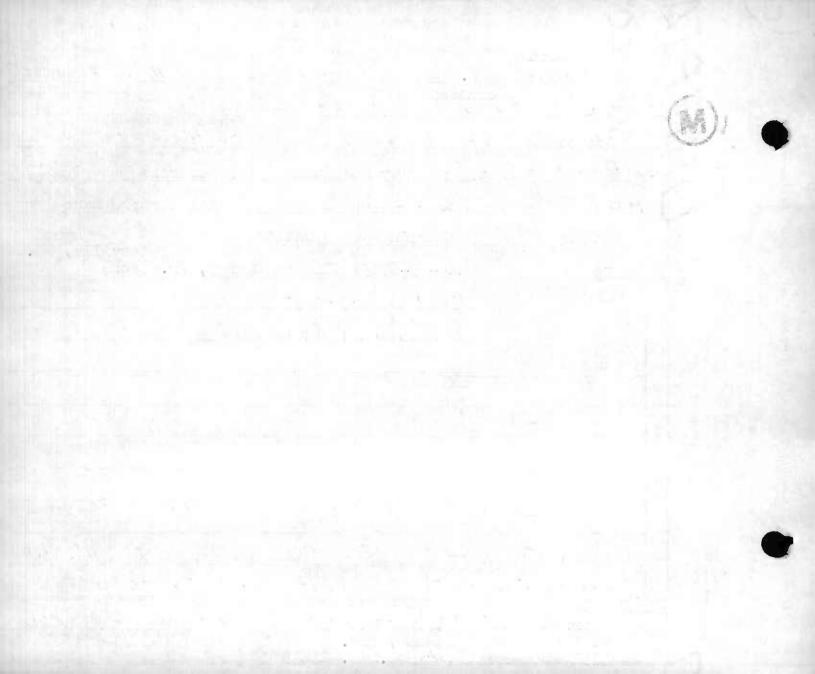
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PRESTON ST. BALTIMORE, MARYLAND 21201

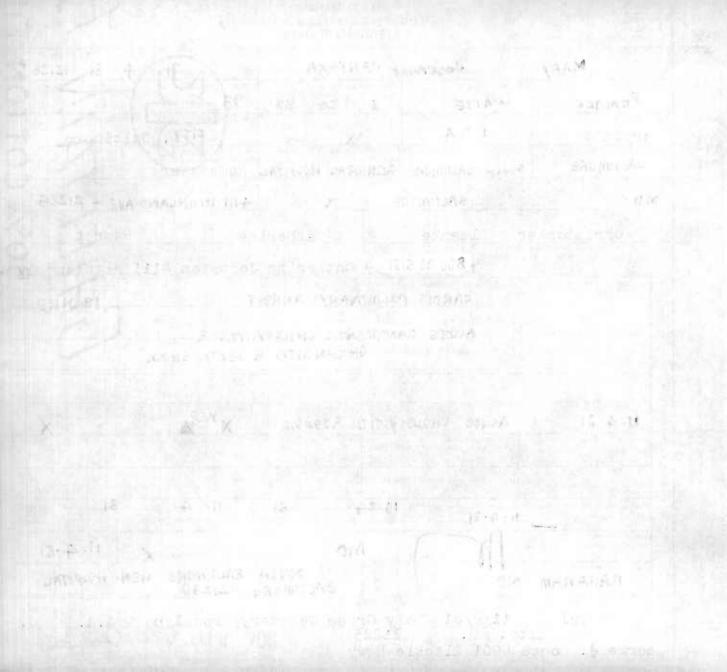


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5 5		sow the deceased alive on abave, (1) (we) (did) (did nat) v	iew the bady after death.	8/, and that in (my) (our) opinia	n death accurred on the d	ate and hour and fram the co	ouses stated
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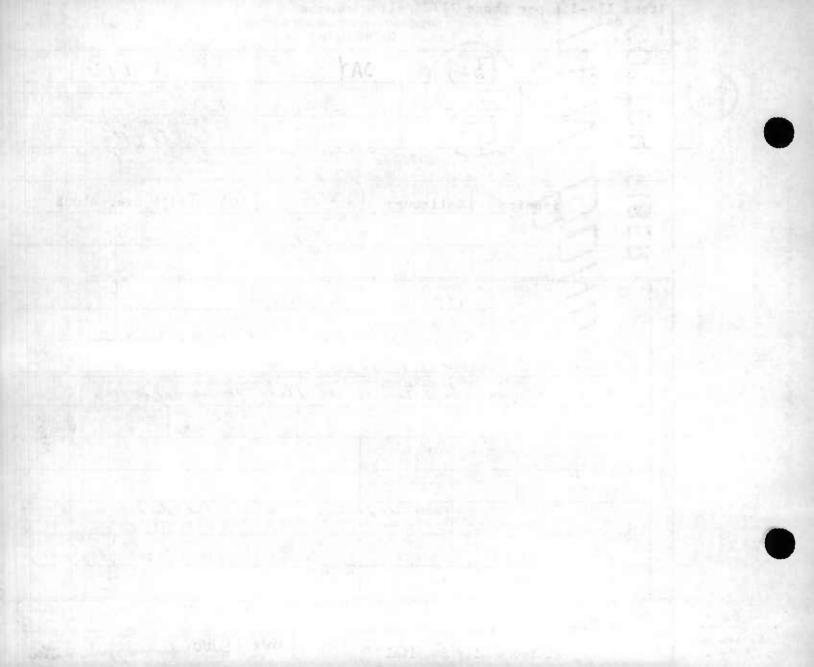
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Henry W. Jenkins & Sons Co. rk Road Balto., Md. 21212

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on w	1	underlying cause last	(c)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours cattending physician. (fee this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corbonopopers, Pages 1 and 2 should be fill the and Mental Hygtene prior to burial, cremation, or removal. orked or them 18 shows any injury, or ather traumatic event, the medical examiner houseberg.	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g.
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N S S S S S S S S S S S S S S S S S S S	nt.		ital) attended the deceased from 11-21-81 19 , ta 11-26-81 19 , that 11-10e) last
OR ATTER OR ATTER DIRECTO ached for Dept. of It	1	saw the deceased alive ar abave, M (we) (did) (did == 27b. SIGNATURE	wiew the bady after death.
the It of the Property of the Despectation of	1	8155	Arul ATTENDING MEDICAL STAFF 11/26/87.
SPITAL d by th	4	22d. PHYSICIAN'S NAME (TYPE	OR PRINT) 226. ADDRESS
O HOSPITAL etained by the TO FUNERAL should be deto with the State MapORTANT; III		51551	Is shoke Lather Hospital
1/1/1/2	23a. 6	URIAL, CREMATION, REMOVAL	23b. DATE 28c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY STATE ADMITS
DHMH - 16 50M 1/81	24 FI	JUY 117 INERAL DIRECTOR	250. DATE REC'D. BY REGISTRADES IGNALORE
(VRA 15, 4)	1	seph L. 6	USS 222 Jun North Ave. DEC 1 1981 home garlante

EN SELLAND DE LA PROPERTIES SINE STATE OF THE The state of Deserve The same seem that the seem than the seems that the Confilm ST Stendy Lloyd South Many Freeze R. Burnel 12331 TV Matrice Joseph to Kuss 2020 wasth the worth 1922 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hau with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, or ather troumatic event, the

The policy of the

medical

	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 1 2	8 / 5 0		
		CEASED NAME FIRST MAY	i e G	Jensen	20 DATE OF DEATH MONTH	8 81 8:07 PM		
	3 SE)	Female	White.	S. DATE OF BIRTH AVERTURE & PAY YEAR OLD	6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS		
3	We	RTHPLACE (STATE OR FOREIGN COUNTRY) St Virginia	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED NOWED DIVORCED	Baltimore city or county	City MD.		
8	B.		(IF NOT IN SUCH FACILITY, GIVE STREET,	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR INDUSTRY KOppers (0.		
5	13a S	TATE BOLL		N 13d. INSIDE CITY LIMITS? YES NO X	130. STREET ADDRESS Tenne	essee Ave		
C		James WXXXXXX	D. Tebe		MIDDLE	Bechy		
2	1		MED FORCES? 166 SOCIAL SECU EWAR OR DATES) 219-20-	I MA	, Tebo 3800 Brook	klyn Avenye		
		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		gove rise to immediate couse (a), stating the underlying couse lost.	due to, or as a conseque	DUE TO, OR AS A CONSEQUENCE OF Aortic Aneurysm.				
	ATION	PART 2. OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED				
2	CERTIFICATION	11/6/81	Thoraco - Abdo	mind Aneurysm	YES NO NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO NO		
7	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	TH HOUR A.M. MONTH DA	19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN 11EM 18 P	COUNTY STATE		
	Sales Sales	220.1 certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE	tol) ottended the deceosed from 1		, to 8!20pm 11/3, death occurred on the date and hou	19 that (I) (we) lost r and from the couses stated		
		Trederich	1 John	MD. ATTENDING PHYSICIAN F	MEDICAL STAFF	11/8/81		

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) DURIAL 237 Came Patapsco Avenue Baltimore,

ohr

224 PHYSICIAN'S NAME (TYPE OR PRINT)

28T NAME OF CEMETERY OR CREMPORY

22e. ADDRESS

Gleri Durnie Anne Arundel Md.

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		egell Le diage			

Anabory Scard Balton, Ma. BERT Mas San State Sta

W.C. MARCH F/H 1101 E. NORTH AVE.

STATE

REGISTRAR

24 FUNERAL DIRECTOR

NAME

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26. HOUR

126 KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

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IF UNDER I YEAR

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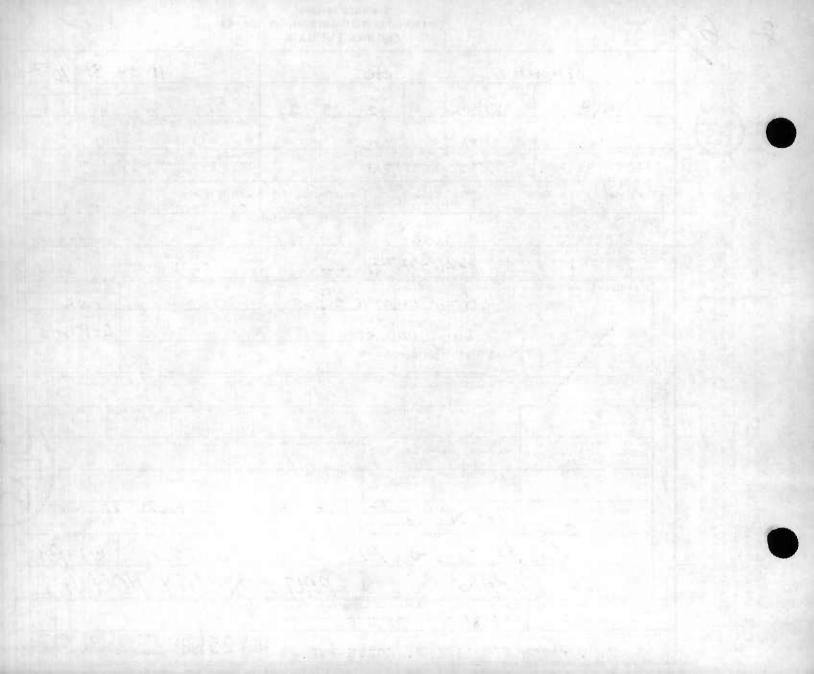
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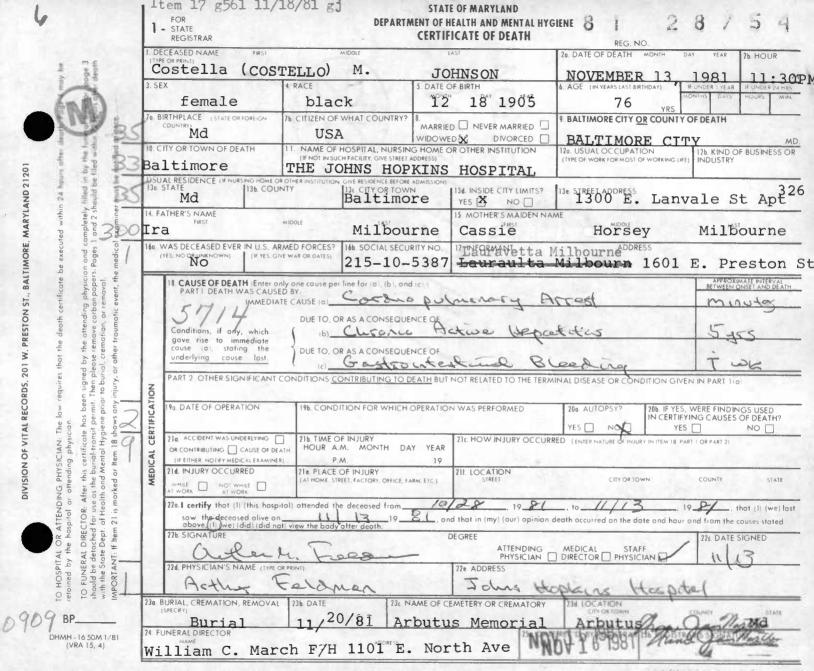
256 REGISTRAR'S SIGNATURE

ZIX DATE SIGNED



					STATE	OF MARYLAND				
	1-	FOR STATE REGISTRAR				ALTH AND MENTAL H	IYGIENE B REG. N	2 { o.	3 /	3 4
M)		CEASED NAME FIRST PARTY PROPERTY PROPER	Bov	Johns	ion	*	20 DATE OF DEATH	MONIH DAY 9-21-	8/ 2h	9 AN
rector urs off	3. SE:	Male	1 RAGE Blo	ick	DATE OF	BIRTH DAY VEAR	6. AGE (IN YEARS LAST BI	YRS IF UND	DER I YEAR IF L	UNDER 24 HRS
hin 72 hou	7a. B1	RTHPLACE (STATE OR FOREIGN OUNTRY)	U		WIDOWED		9 BALTIMORE CITY C	COUNTY OF D	EATH	MD
filed with	10 0	BALLIMORE	ST.	F HOSPITAL, NURSING UCH FACILITY, GIVE STREET ADI	DRESS) HO-	other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) IN	b. KIND OF BU IDUSTRY	ISINESS OR
hould be	13a S	Md VA.	OR OTHER INSTITUTION	13c. City or town		34 INSIDE CITY LIMITS	1303 Hal		-	
Ond 2 s		THER'S NAME FIRST	MIDDLE	Johnson Kakamax	111	Sandra	Jean	XX	<u>arkkrr</u> orséð	K
S. Poges		VAS DECEASED EVER IN U.S. (IF YES,	ARMED FORCES?	none		Sandra J.	Odenton,Md ^{ADDR} Johnson, 1303	Hallock	Drive APPROXIMATE BETWEEN ONSE	
gned by the ottending pen pleose remove corban, burial, cremotian, ar remity, or other troumatic eve		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(b)_ DUE TO,	OR AS A CONSEQUENT OR AS A CONSEQUENT CONTRIBUTING TO DE	CE OF	OT RELATED TO THE TI	0	25 cylons	PART I/a	
t permit. The	CERTIFICATION	190 DATE OF OPERATION	19b.CON	DITION FOR WHICH OI	PERATION	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	USED DEATH?
Mentol-tronsit Amentol Hygie or Item 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED	DEATH HOUR A	P.M. E OF INJURY	19	PIL LOCATION	URRED (ENTER NATURE OF INJU			
use as the dealth and is marked	W	WHILE NOT WHILE AT WORK 220 I certify that (f) (this ha	ispital) attended	the deceased fram	W EIC)	STREET	CITY OR TO	, 19	OUNTY , that	STATE (f) (we) lost
state Dept. of Pan 21		sow the deceosed olive abave, (I) (we) (did) (did 22b SIGNATURE	nat) view the bac	ly after death.	DE	GREE ATTENDING PHYSICIAN		FF 2	from the caus	
with the	22	22d PHYSICIAN'S NAME (TY	n P	ettit		St.	Agnes H	085.TAT		
	(URIAL, CREMATION, REMOV SPECIFY) BURIAL	236. DATE 11/3/8			EDRAL 430	- I CITY OR TOWN	K RD. B	ALTO.	2122
6 50M 1/81 (15, 4)		ITZKE F.HOM	E 1630	EDMONDSO	N AV	E.21228 25 0	0V 1 3 1981 RAR	Municipal of	Al ma	Clan

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO.		-	
	I. DECEASED NAME FIRST (TYPE OR PRINT) HELF		JOHI	NSON	NOVEMBER 17	. 1981	26 HOUR 4:50AM	
	Female Female	Negro	S. DATE OF BIR	7°, 19°67	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
1	Maryland	76 CITIZEN OF WHAT COUNTRY USA	Y? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY ME			
	Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE JOHNS HOPKI)	EET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN		of BUSINESS OR	
>	USUAL RESIDENCE IF NUR 130 STATE Maryland	INTY 13L CITY OR TO	WN 13d.	INSIDE CITY LIMITS?	Box 38 Oli	vet Hil	1	
1	EIisha	MIDOLG LAST	15. /	Mary Mary	ME	(unkhã	own)	
	160 WAS DECEASED EVER IN U.S. AI			nformant Edw. Johns	son Jrson	- (same)	
	Conditions, if any, which gove rise to immediate couse foll stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO (b) AB DOM DUE TO, OR AS A CONSEO (c) ATTH CONDITIONS CONTRIBUTING TO 199. CONDITION FOR WHICE	DUENCE OF CUMPLE	AONTC ENOSIS RELATED TO THE TERM	200 AUTOPSY? JOB. IF	GIVEN IN PART II	NGS USED S OF DEATH?	
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE ALWORK 27a 1 certify that (I) (this hosp sow the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICI	DAY YEAR 19 216. E, FARM, ETC.)	LOCATION STREET 19	RED (ENTER NATURE OF INJURY IN ITEM	COUNTY	STATE that (I) (we) lost couses stated	

ATTENDING PHYSICIAN MEDICAL DIRECTOR 22c. DATE SIGNED

22e ADDRESS

230. BURIAL, CREMATION, REMOVAL BUTIAL 23b DATE 1 1-21-81

230 NAME OF CEMETERY OF CREMATORY Olivet Hill Ceme

DEGREE

Cemetery Gallena, Kent,

STATE

STAFF

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR Edw. MFTellows and Son, MFTellows, MD 2165 NOV 2

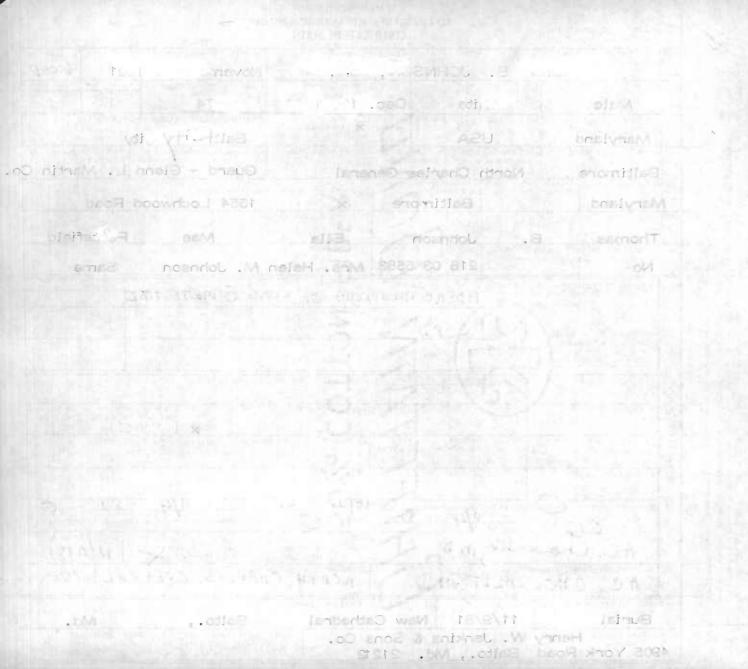
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Items 13a & 13b per phone 11/27/STATE OF MARYLAND

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STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

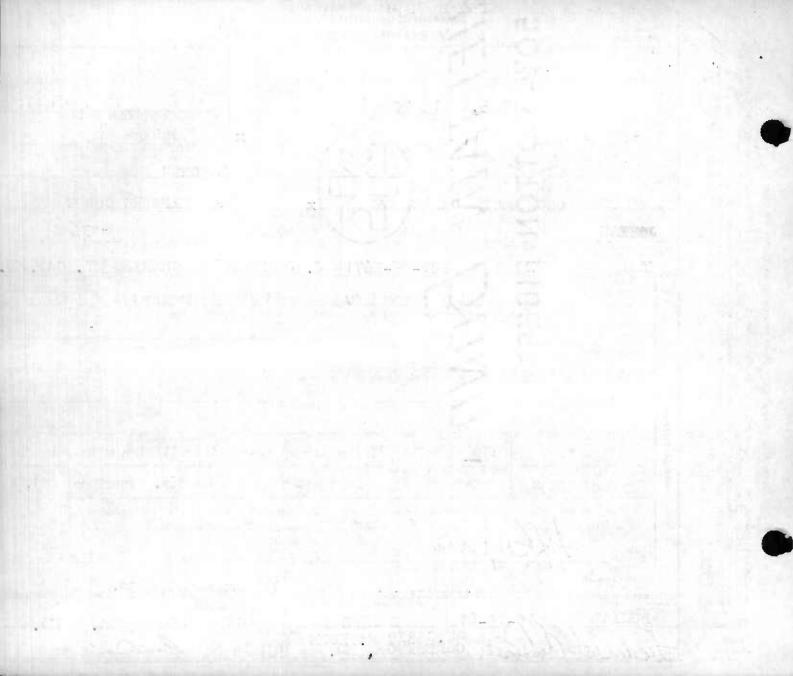
		REGISTRAR			CERTIF	ICATE OF DEATH	RE	G. NO.				
	1. DE	CEASED NAME FIRST Robert I.	ohnsen,	Jr.	Į.	AST	November 120 DATE OF DEA	TH MONTH er 25, 1	DAY YEAR	10 20 M		
	3 SE		4. RACE White		Jan's	DE BIRTH 4, 04940 YEAR	6. AGE (IN YEARS LA	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN		
5	Ma	RTHPLACE (STATE OR FOREIGN COUNTRY) LTYLAND	76 CITIZEN OF W	١.	MARRIE		9. BALTIMORE CI			MD		
0		Baltimore	1334" DE	11W6 de	OSPITAL, NURSING HOME OR OTHER INSTITUTION 11 THE CONTROL OF THE C		Garden	G&E				
5	130, 5	AL RESIDENCE (IF NURSING HOME OF STATE LTYLAND		BALTIM		13d INSIDE CITY LIMITS? YES IX NO [13e. STREET 34DR	Dêllwoo	d Avenue			
G	14 FA	Robert I. Jol				15. MOTHER'S MAIDEN NAI	ne Butch	Ret LAST				
/	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	218 36		Gleria Davi		W. 36th	Street	21211		
	NOI	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQ AS A CONSEQ HYPE	WEE.							
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES			
7	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M.	, MONTH	19	216. HOW INJURY OCCURS 216 LOCATION STREET		FINJURY IN ITEM TB. F	PART I OR PART 2)	STATE		
		226. I certify that (I) (this hasp) saw the deceased alive an abave, (I) (we) (did) (did no 22b. SIGNATURE	1) view the body o	19	, ar		MEDICAL DIRECTOR PH	he date and hou				
/		Dr. Narciso I				3705 Falls	Road	Baltime	re, Mar	yland		
		BURIAL, CREMATION, REMOVAL SPECIFY Urial				emetery or crematory wn Memorial	23d LOCATION CITY OR TOV Marriot		COUNTY	daco Md.		

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR
Burgee Funeral Home 3631 Falls Rd. 21211 NOV 30 1981

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1	FOR STATE REGISTRAR		DI	/10/81 TSTATE OF PARTMENT OF HEALT CAL EXAMINER'S	H AND MENTAL H	DEATH	2 8 REG. NO.	16	İ
1	1. DECEASED NA	ME FIRST	1-7	AIDDLE	LAST	20. DATE KNO	HINOW A IN	DAY YEAR	2b. HOUR
	THE ORPAINT	Tri	usyant		Johnson	OF ES DEATH MA		7 1981	N
	male	black	JUN 5.1	YEAR LAST BIRTHDAY MON	UNDER I YR. IF UNDER 2	4 HRS. 20 DATE PRONOUNCED DEAD	10	7 1981	1:4,2
-	Ja: BIRTHPLACE FOREIGN COUNTI		76. CITIZEN OF WHA	I COUNTRY?	RIED NEVER MARRIE	9. BALTIMORE	CITY OR COUNT		PM
-	MARYI	AND	USA	A WIDO	WED DIVORCE	∍ 😥 Ba1	timore C		MD
	Balti	more /	(IF NOT IN SUCH FACIL	TAL, NURSING HOME, OR OT ITY, GIVE STREET ADDRESS) Ore City Hospi		120 USUAL OCCUPATION FOR MOST OF WORKING IN	LIFE)	OR INDUST	ISINESS RY
-	130. STATE MARYT.A	ND DORC	1TY	RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN LAMBRT DGE	YES NO	130. STREET ADDRESS		OURT	
1	JOSI	H		OHNŜON	IS. MOTHER'S MAIDEN	TE MIDDLE		STILES	
	YES, NO, OR UNI	SED EVER IN U.S. AR	WAR OR DATES)	221 -05-5671	J. JOHN		HARLES	ST. CA	M. MD
	gave cause lying	tions, if any, which rise to immediate (a) stating the <u>under</u> cause last.	(b)	S A CONSEQUENCE OF A CONSEQUENCE OF	KSE OR COMOITION GIVEN IN PART	hematoma			
	19a. DATE	OF OPERATION		N FOR WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY	? NO 🗆
3	SUNDERLYI	NAL CAUSE WAS NG OR ITING CAUSE OF	DEATH	VON JASTA LEGI D	HOW INJURY OCCURRED Priver of mo-			- 1	omobi]
	WHILE AT WORK	NOT WHILE	21e PLACE OF		oration orchester & 1	Lecompte ost	s. Cambr	fdge 1	Ad STATE
-		ertify that I taak charg ulted from: Itagu	ge af the remains descri	bed obove, held on Auto	Hamicide TITLE (SPECIFY)	Inquiry Undetermined manner	, ond in my op	inion 10/8/8	1
-L3, 599-2	EXAMINE (TYPE OR F	'S NAME	Hormez R.	Guard.M.D.	_{M.D.} <u>Assistant</u> _ADDRESS111	MEDICAL EXAMINER Penn Street	R SIGNE		
X					-UDDUEDO - III				
<u> </u>		MATION, REMOVAL		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	COUN	JTY CO	ATE



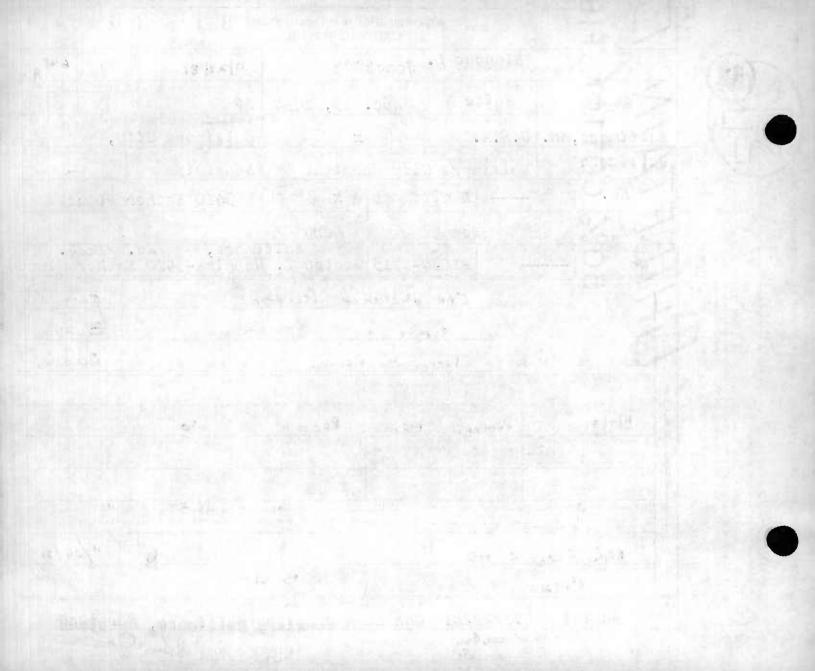
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V	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH		8 / 6 2
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
2 04	{TYP	WILLIAM	HENRY	JOHNSON, SR	11 - 3	29-81 3. A. M
	3. SE		Caucaus ION		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
A(M).	70 B	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 - 9	BALTIMORE CITY OR COUNTY	OF DEATH
		MD.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAITIMOAX CIT	7 MD.
100		ALTHORE . HY	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET SOUTH BACH	ADDRESS) GENERAL HOSP.	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY LOUSSHORMS
ND 212 24 hours	13a.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	Se STREET ADDRESS FOR	
tely 2 sho	14: F.	ATHER'S NAME		15. MOTHER'S MAIDEN NAME		
cample and and laxar	1	EJWARD -	JOHNSON		GIEZAN6	
IMORE In ond on Pages		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN? (IF YES, GIV	IT WAR ORD LIES.	OSSS BERUSES JOHN	ADDRESS 271 PER	TSCH RJ.
T., BALT		PART I. DE ATH WAS CAUSE	nly one couse per line for (a , (b), or			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON S ne death cer re attending smove carba matian, or re	18	4360 Conditions, if any, which				
that the a by the a cose remo al, cremati		gove rise to immediate couse (a), stating the underlying couse fast				
201 es th pleo urial		PART 2. OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERMIN		ENI INI DADI 1
RDS,	NO NO	ATYPICAL	MUCOBACTERIU		INFECC. OF	
he law requi on. has been sig permit. There ene prior to the ows ony injur	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
OF VITA CLAN: T I physici		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	ENTER NATURE OF INJURY IN ITEM IB P.	
DIVISION OF VITAL NG PHYSICIAN: The offending physicion offending physicion if frer this certificate has the burial-transit pit and Mental Hygier in and Mental Hygier arked or frem 18 physicians	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)	ARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIN or or or se as			to) ottended the deceased from_	11-12 - 19-81	to 11-29-	19 81 that (I) (we) lost
TTEN pital TOR far u of He		sow the deceased alive on	11-28 — 19 2		oth occurred on the date and hour	and from the causes stated
OR A boshed oched Dept.		22b. SIGNATURE		DEGREE		22c. DATE SIGNED
Al Cal Deto		(Inselica	Jueurs V.	M ATTENDING PHYSICIAN []	MEDICAL STAFF DIRECTOR PHYSICIAN	11-29-31
OSPIII ed b UNER		22d. PHYSICIAN'S NAME (TYPE C		22e ADDRESS	\ a a ala==	1 21320 214
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined with the Store Important). If	22		BUENAS V.			1 21230 Balto
241/ BP	230. 1	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN PHILTIMORE	COUNTY MARYLAND
DHMH - 16 50M 1/B1		JNERAL DIRECTOR		25a DATE R	EC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	Ch	ARles L, Slevers	sturenal Hone, I	nc. 150/ E. FORTAME, D	EU 1 1981 CAM	ices francisco

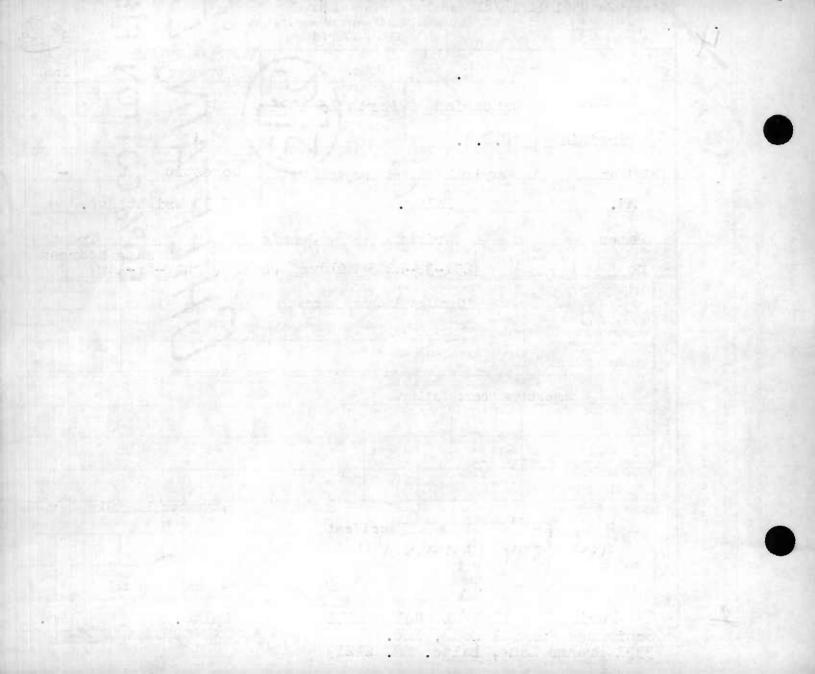
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			STATE OF MARYLAND					
0	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO. 2 8	, 6			
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR			
	Virgin	nia R.	JOLLY	November 4, 1981	4:48			
3. S	EX	4. RACE	5. DATE OF BIRTH		RIYEAR IF UNDER 2			
15	female	Black	MONTH DAY YEAR	56 YRS	DAYS HOURS			
70.1	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DE	ATH			
R	aleigh, N. Car.	USA	WIDOWED DIVORCED	Baltimore City				
8 10	Baltimore	11. NAME OF HOSPITAL, NURSIN (JENOT IN SUCH EACH ITY GIVE STREET A Mary land Gener	G HOME OR OTHER INSTITUTION all Hospital		KIND OF BUSINE			
5 USU 13a	JAL RESIDENCE (IF NURSING HOME C STATE . 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN BAlto.		13. STREET ADDRESS 1521 Madison Ave.				
1/1	ATHER'S NAME PRIST Ohn Wm. T	MIDDLE LAST Mason	IS MOTHER'S MAIDEN NA. Minnie	WE	LAST			
16a	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECUI		ADDRESS				
/	(YES, NO OR UNKNOWN) (IF YES, G	220-24-17	10 Sondra Faiso	on 3022 Raynor Ave.				
	18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS	ge	APPROXIMATE INTER BETWEEN ONSET AND TO HOURS					
	Conditions, if ony, which	Conditions, if ony, which gove rise to immediate						
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF Diffuse Peritonitis						
NOI	PART 2 OTHER SIGNIFICANT Chronic rena	l failure; Colla	gen vascular disor	INAL DISEASE OR CONDITION GIVEN IN F	PART No			
CERTIFICATION	1910/13 PERATION		operation was performed cer (duodenal)	20a AUTOPSY? 20b. IF YES, WERE IN CERTIFYING C YES NO YES YES	FINDINGS USED CAUSES OF DEAT NO			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR	PART 2)			
MEDICAL	ZIG INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE, FA		CITY OR TOWN CO	UNIY 5			
	220.1 certify that (X (this hosp sow the deceased alive of	November 4 19	eptember 7 19 81	to November 4, 19 deoth occurred on the date and hour and fi	tha KX (v			
	ODOVE, MALWEL (CICI) INNESS		250255	122				
7	22b. SIGNATURE	n Siege		MEDICAL STAFF DIRECTOR PHYSICIAN X	11/4/81			
1	27d. SIGNATURE 27d. SHYSICIAN'S NAME (TYPE Susan Siege	n liege	ADITENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN M General Hospital	11/4/81			

150	(let .) medeavou	Y2301.		elahaW 5
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		luspigeo	instand Comeral L	nto promisis
	A ALCOHOL			
	. We will see that the			
IV hours		natirated land	Rastrointest	
		vsafo (smbou	Perforaged	
		elilinos	Diffuso Peri	
	James Company	melb reluciv	negation rates	Chronic repel (a)
		(fensboub)	racid termina	
xx f	n reditavo"	i' Tron	the A water	volt X Soc X
6	, e			
	fedicinal leading	c/o unvien		Susan I mil M.
	1 1 1 W 1 Car			
		mile and the	Contribute Sec. (2)	recovered to the

2/1/max= MI 2120A

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
STATE REGISTRAR	CERTIFICATE OF DEA

ENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 76 HOUR
(TYPE OR PRINT) Charles	L.	Jones	11	19 1981
3. SEX		5 DATE OF BIRTH	A AGE (IN YEARS LAST RIPTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
				MONTHS DAYS HOURS MIN.
			YRS.	
COLLEGE STATE OF THE STATE OF T		MARRIED NEVER MARRIED		
N.C.	USA	WIDOWED DIVORCED	Baltimore Ci	TY MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION	126 KIND OF BUSINESS OR
Baltimore	1406 Odessa	Thomas Court	(TYPE OF WORK FOR MOST OF WORKING	(IFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME O				
CHAPTER Charles L. Jones 11 19 196		Thomas Ct.		
FIRST	MIDDLE LAST	FIRST		LAST
John	Jor	nes Minnie	Etta	Winston
		ECURITY NO. 17 INFORMANT	ADDRESS	
No.		2-4083 Minnie Vin	son 1406 Odes	sa Thomas Ct
IN CAUSE OF DEATH (Enter o			bon 1400 odes	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY:	O CORONAL OCC.	Lusin	BETWEEN ONSET AND DEATH
IMMEDIA	TE CAUSE (o)			
4100	DUE TO, OR AS A CONSE	OUENCE OF MA		
	(b)	1 Treite us	NE MARC. DAS	The
	DUE TO OP AS A CONSE	OHENCE OF		
	DOL 10, OK AS A CONSE	OULNCE OF		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT BELATED TO THE TERM	IN AL DISEASE OR CONDITION O	N/Salah DADI 1
Z	HOONIC ORS	Party Public	A POAT O	IVEN IN PART ITG
A US DATE OF OPERATION				ES WERE SINIDINIOS LISSE
SE ING. DATE OF OPERATION	198 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		IFYING CAUSES OF DEATH?
E E				
		DAY YEAR 210 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DE	AIR.			
21d INJURY OCCURRED		21f. LOCATION		
TOTAL NOT WHITE	(AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.) STREET	CITY OF TOWN	COUNTY STATE
		ALC O	Nallalla	200
220.1 certify that (I) (this hosp	ital) attended the deceased tra	9		
above, (1) (we) idid (did no	ot) view the body after death.	9, ord that in (my) (our) opinion (deoth accurred an the date and ho	our and from the causes stated
	- (/	DEGREE		22c DATE SIGNED
Me	asy	ATTENDING	MEDICAL STAFF	NOV 20-87
22d PHYSICIAN'S NAME TYPE	OR PRIMITI		J DIRECTOR THISICIAN	
			290.000	
23a BURIAL, CREMATION, REMOVAL		31. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
(SPECIFY Burial	11/25/81	Arbutus Mem. Pk.	Baltimore	Co. MD

DHMH - 16 50M 1/B1 (VRA 15, 4)

and Mentol Hygiene prior to burial.

should be detoched far use os with the State Dept of Heolth IMPORTANT: If them 21 is mark TO FUNERAL DIRECTOR:

marked or Item 18 sho

24 FUNERAL DIRECTOR William C. March F/H 110 E . North Ave

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATUR

Acoust colonies commission Hypertaners the Make Contained with production of Pulle Browning Washired Che had done

ony injury, ar other troumatic event,

IMPORTANT: If Item 21 is marked ar Item 18 shows

230. BURIAL, CREMATION, REMOVAL Burial

1	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE B	2 8	1	6 /
		CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY	YEAR 2b	HOUR
	2.66		rlie		nes, Jr	11/1	7		3-10 M
1	3. SE:	male	black	MONT		6. AGE (IN YEARS LAST BIRT	YRS. IF UN		UNDER 24 HRS DURS MIN.
1	10.	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		DEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	DEATH	
1		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWI		City 12a USUAL OCCUPATION	ON II	2b. KIND OF B	MD.
U	Ba	lto. City	1746 E. Oliver	Stre		CTYPE OF WORK FOR MOST OF Bethlehem S	WORKING LIFE ! IN	NDUSTRY	OSINESS OK
5	13a S	STATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136. CITY OR TOWN Baltimor	N	134 INSIDE CITY LIMITS?	1746 E. 01	iver St	. 212	13
	14. FA	THER'S NAME FIRST Charlie	MIDDLE LAST	~	15. MOTHER'S MAIDEN NAM FIRST			LAST	
16	14n M	VAS DECEASED EVER IN U.S. AR	Jones RMED FORCES? 166 SOCIAL SECU	Sr	Marv	ADDRE	Lic	htern	
/			VE WAR OR DATES) 218-18-81		Ruth Jones 17			2 +	
	Z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERMIN	COLL CASGIN		N PART TO	
7	ATIO	19a DATE OF OPERATION	19b. CONDITION FOR WHICH		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDINGS	LISED
-	CERTIFICATION					YES NO	IN CERTIFYING	CAUSES OF	DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	3111	Y YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	IN ITEM 18 PART 1 C	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	RM, ETC)	211. LOCATION STREET	CITY OR TOW	M C	COUNTY	STATE
		220 I certify that (1) this hospit saw the deceased alive on above, (1) (we) (did) (did no	ital) attended the deceased from	ma	nd that in (my) (our) opinion de	to Refus	19_ te and hour and		(we) lost
		22b. SIGNATURE	ing Chin		M.D. ATTENDINGXX PHYSICIAN	MEDICAL STAF		11/2/8	
		C. S. Chen,			100 N. Broad	way Balto	., MD	21231	

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

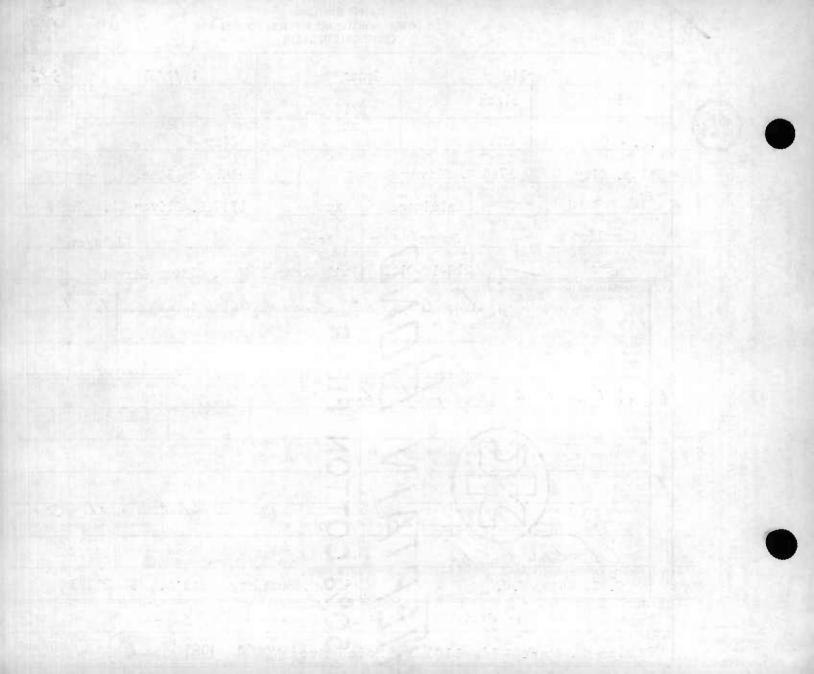
24 FUNERAL DIRECTOR
William C C. March F/H 110^{00RESS} E. North Ave

236. DATE 11/5/81

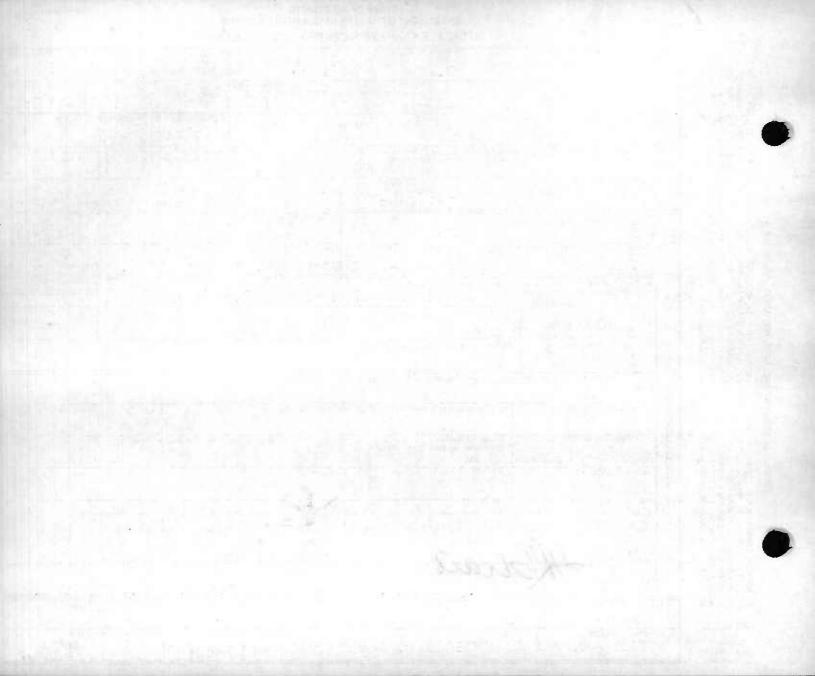
23d LOCATION y BAltimore Baltimore Cemetery 1981

Md

COUNTY



5	1-	FOR STATE REGISTRAR			ST DEPARTMENT O DICAL EXAMI	FHEALTH		NTAL H	(2	THE STATE OF	REG. NO.	8	16	3
- 27 Sales III	1. DE	CEASED NAME E OR PRINT) E	dward		R.		es, Sr			DATE KNO OF ES DEATH MA	OWN []	MONTH AONTH	6 19 81	1
AAR		male	black	10 17 7b. CITIZEN OF WE	20 LAST BIRT	YEARS IF UN	HS DAYS	HOURS	MIN PI	C. DATE RONOUNCED DEAD		11	11 ₁₉ 8	100
NECESSA FUNERAL 5 FOR W PRE	FO	RTHPLACE (STATE REIGN COUNTRY)		USA		WIDOV		DIVORCE	ED 🔲	Balti	imore	City	у	MD.
AD. 21201 1. IF ANY DELAY IS N 2, AND 3 TO THE FU 3. SETAIN PAGE 5 2. SHOULD BE FILED, AL RECORDS 201 W	В	altimore		1FN5923F1	PITAL, NURSING HO	enue	ier institut	ION		OCCUPATI OST OF WORKING		OF WORK	12b. KIND OF I OR INDUS	STRY
ANY E ETAIN RECORD	13a. S		13b. COUNT		130. CITY OR TOWN Baltimo	1	13d. INSIDE CIT	TY LIMITS?		T ADDRESS	leck	e Av	enue_	
DRE, MD. DEATH. IF GES 1, 2, M PM 3. AND 2 SF OF WITH I	Wi	THER'S NAME 11ie		WIDDLE	Jones		15. MOTHER Marga	aret	N NAME	WIDDLE			Syk	es
BALTIMORE, S AFTER DEA GIVE PAGES THE FORM P PAGES I AN IVISION OF W	16a V (YI	VAS DECEASED EVES, NO, OR UNKNOWN	VER IN U.S. ARA	MED FORCES? WAR OR DATES)	220-03-		Brend		. Joy		DDRESS 914 1	N. R	Roseda	le St
L RECORDS, 201 W. PRESTON ST., BALTIMORE, NULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH-"PENDING" IN PENCIL IN 18TM 18, GNF PAGES 1, FAKEICAL, EXAMINER AIONG WITH FORM PM. ED AS A BURIAL -TRANSIT PERMIT. PAGES 1 AND HEATH AND MENTAL HYGIENE, DIVISION OF VITAL IN THE STAND MENTAL HYGIENE.	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a).								SERVICE OF	SET AND DEATH			
HTAL REC. HOULD BI SRD "PENI CHIEF MEI USED AS OF HEAL URIAL, CR	CERTIFICATION	19a. DATE OF OP	ERATION	196 CONDIT	TION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY?			
NOF VITA FICATE SHO THE WORD OUT BE US RIMENT OF REAL REAL REAL REAL REAL REAL REAL REAL	CAL CER	210. EXTERNAL C UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M DEATH P.M		AR 21c. H	OW INJURY (OCCURRED	D (ENTER NA	TURE OF INJURY I	N ITEM 18 PA	RT I OR PAR	1 2)	
DIVISIO WRITING WREITING VAGE 3 SH FATE DEPAI	MEDICAL		URRED OT WHILE T WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION			CITY OR TOWN		COU	NTY	STATE
MEDICAL EXAMINE COUTE THE CERTIFICA GE 4 SHOULD BE F FUNERAL DIRECTO INFORMATION (TIMORE, MARYLAN		22a. I certify the death resulted for the second se	rom: Natur	e of the remains designation of the remains desi	Acodem	Suicide	Homici TITLE (SP	stant	Undeter	Inquiry mined manne	R	DATE SIGNED	11/12	2/81
BP	23a.B	URIAL, CREMATIO PECIFY) Buria		3b. DATE 11/18/8	23c NAME OF C		Cemet		23d. LOC CITY OF Cro	ATION TOWN DWNSV	ille	COUNT		STATE 1d
2654 DHMH-17 (VR A15 ME (5)) 15M 2/80		ITI iam		ch F/H	1101 E.	Nort		250. DATE R	V 17	1981	Sh REGIST	TRAR'S SI	GNATURE 1/67	hen



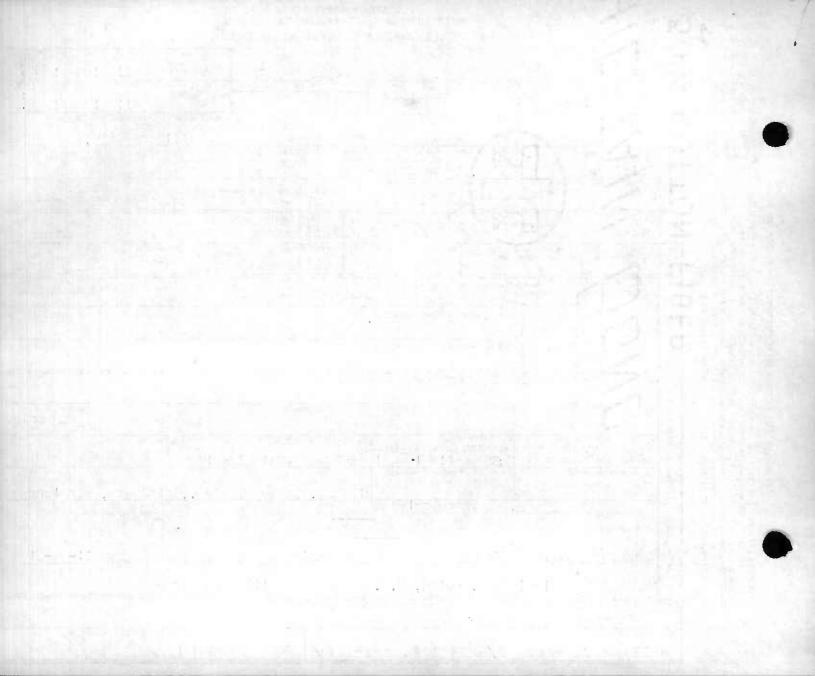
	,		FOR		0			MARYLAND H AND MENTAL H	YGIENE	,	2 8	1 6	3
	- Land		STATE REGISTRAR		MED	DICAL EXAMIN	NER'S	CERTIFICATE O	F DEATH	REG. NO.	. 0	, 0	
1	126	1. DE	EASED NAME	FIRST		MIDDLE		LAST		KNOWN D.	XMONTH DAY	Y YEAR	26 HOUR
	(IM)	(TYP	OR PRINT!	EVE	LYN			JONES	OF DEATH	MATED [11-10)→81	
	200 Z	3. SEX		black 5. E	ATE OF BIRTH	YEAR LAST BIRTHI		HS DAYS HOURS	MIN. PRONOUNDEAD	NCED	11-10	Y YEAR	2d HOUR 6:35
	SIZY	7n BI	RTHPLACE (STATE	OR 7b.	6 15 CITIZEN OF WH		0		9 BALTIM	ORE CITY OR			I P M
	S S S E S S S E S S S S E S S S S E S S S E S S S E S S S E S S S S E S	FO	REIGH COUNTRY)					TIED X NEVER MARRIE					
	NEW X	IVI2	ryland	DEATH II	U.S.A	PITAL, NURSING HOM	WIDOW		120. USUAL OCCU	el timor	e CITY	KIND OF BUS	MD.
-	JURS AFTER DEATH. IF ANY DELAY IS NECESSAIN 1B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIR 5 WITH FORM PM. 3. RETAIN PAGE 5 FOR YOU MIT. PAGES I AND 2 SHOULD BEFILED, WITHIN YOU E. DIVISION OF VITAL RECORDS, 201 W. PRESTON		altimore		(IF NOT IN SUCH FAC	THINTY, GIVE STREET ADDRESS,	l	TER INSTITUTION	FOR MOST OF WOR		WORK III.	OR INDUSTR	Y
=	NO SON TO	USUA	L RESIDENCE (IF	IN NURSING HOME OR OT		E RESIDENCE BEFORE ADMIS	ION	has more environ	14 CYPEET ADDRE	****			
21201	A CHICATORY	130. S		13b. COUNTY		Baltimor	0		930 Bro		ine		
9	2. F		THER'S NAME			Darvillor		15. MOTHER'S MAIDE	NAME.		1110		
, N	ATH SACTOR		FIRST		DDLE Tal .	11:0mg		FIRST	٨	HODEE	Aske	LAST N TA7	
O O	A S S S S S S S S S S S S S S S S S S S	160 V	Walter	VER IN U.S. ARMED		lliams	TY NO.	Mary 17 INFORMANT		ADDRESS	none	; vv	
N. S.	AF SS SS S	(Y	S, NO, OR UNKNOWN	(IF YES, GIVE WAR		100.000.000			11:000		الم درموا	Hill	A310
BA.	S A GIV		No					Louise Wi	IIIams-	TATT I	Tulu	APPROXIMATE	AVE.
ST.,	MAN WAR		18 CAUSE OF D	DEATH (Enter only or H WAS CAUSED BY			fahd	omon			BE	ETWEEN ONSET	AND DEATH
NO	A PER AL		611	/ IMMEDIATE C	MUSE (U)	tabwound o		onen					
EST	NO AL		166	if any, which	DUE TO, OR	AS A CONSEQUENCE	OF						
× ×	Z A S A S A S A S A S A S A S A S A S A	-	gave rise	ta immediate	(b)							100	-
*	OF TANK		cause (a) sto lying cause	last	DUE TO, OR	AS A CONSEQUENCE	OF				The I		
20	NA A E				(c)		1000				311		
ORDS	DING DING DING TH AN	Z	PART 2 OTNER SIGNI	FICANT CONDITIONS CONT	RIBUTING TO OFATH B	BUT NOT RELATED TO THE TER	MINAL OISEAS	SE OR CONDITION GIVEN IN PAR	T 1 (a),				
REC	PEN ME	CERTIFICATION	19s. DATE OF O	PERATION	196. CONDIT	ION FOR WHICH OPE	RATION	VAS PERFORMED?			120	AUTOPSY?	
Z Z	SI PLEEF	5											
× ×	NA N	E .	210 EXTERNAL	CAUSE WAS	216. TIME OF	INJURY	ZIc H	OW IN ILIRY OCCUPRED) JENTER NATURE OF IN	ILURY IN ITEM IS PA	RT I OR PART 2)	YES XX	NO []
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 1B. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALLONG W FOR DUNEAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL CI		OR CAUSE OF DEA		MPHILLI DAYS TEA	sub	owinjury occurred ject stabbe	ed during	alter	ation		
VISI	PRI SEP	Ē	21d. INJURY OC		21e PLACE C	OF INJURY (AT HOME,		OCATION STREET	CITY OR TO	WN D I I	- COUNTY	Manage	O D SELTE
ō	WRIIS CHIS CHIS CHIS CHIS CHIS CHIS CHIS C	3	AT WORK	NOT WHILE AT WORK	J. M. C.	home) Brooks Lai		Вагті	imore",	Mary	anu
	ATE, ORV JESI		22a. I certify t	that I taok charge af	the remains desc	cribed abave, held an	Autap	osy XXXX Inspection	, Inquiry	, and	in my apinion	1	
	A STATE OF THE STA		death resulted	fram: Natural c	auses 🔲,	Accident . S	vicide	, Hamicide XX	Undetermined m	anner .			
	ARIA ARIA			11.	. 1	2 (1)	. 1	TITLE (SPECIFY)					
	A A SECTION OF THE SE		ACTUAL SIGNATURE	Maly	ute 1	one von	11	A.D. Assistan	MEDICAL EXAM	AINER	DATE 11	1-11-8	1
	SEA SEA	W-					200				0.01.120		-0.1
	A SHEET		(TYPE OR PRINT	AME	: + - A K	Coroll M.D.		ADDRESS 111 P	enn Stree	t			
	BAL BAL	23a.B	IRIAL CREMATIC		DATE	23c. NAME OF C	EMETERY C		23d. LOCATION CITY OR TOWN				
1961	/	B	urial		1-14-8:				Balto.		COUNTY	. Md	ATE
1.501	BP		UNERAL DIRECTO				- ull	250. DATE R	EC'D. BY REGISTRA	AR- 256 REGIS	TRAR'S SIGN	ATURE-	4.5
	DHMH - 17 (VR A15 ME (5))	1	NAME TAC A	DICE E	ADDRESS	00 Eutaw	DI	NOV	16 1981	Caprico		KULTU	-
	15M 2/80	<u> </u>	MD. M.	VIOR L	DEM TO	JU Eulaw	LT.						

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12 2000 A STATE OF S

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO MIDDLE DECEASED NAME 20. DATE KNOWNXX 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED Robert 19 1981 H. Jones Jr 7:40 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 11 1957 Black Male 24 DEAD 19 1981 P . M 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Ja BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY! DIVORCED Baltimore City Md USA WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Lafayette Avenue Baltimore WITH FORM PM 3. RETAIN IT. PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Baltimore 13d: INSIDE CITY LIMITS? 1937 W. 136 COUNTY W. Lafayette Avenue 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Jones MIDDLE Lillian Robert Sr L. Link 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OF UNKNOWN) N/A Lillian L. Jones 1937 W. Lafayette CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) F MEDICAL EXAMINER ALONG WED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH Gunshot wound to Head (handgun) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION ICATE, WRITING THE WORD "PEN E FORWARDED TO THE CHIEF ME TAOR: PAGE 3 SHOULD BE USED A! 1 THE STATE DEPARTMENT OF HEAL LAND, 21201 PRIOR TO BURIAL, CI 19a DATE OF OPERATION 20 AUTOPSY? (head YES XX 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? only 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXX MONTH DAY YEAR UNDERLYING XXOR
CONTRIBUTING CAUSE OF DEATH MEDICAL 7:35 P.M. 191981 subject shot himself 21e. PLACE OF INJURY 21d. INJURY OCCURRED 21f LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWADEE TO FUNERAL DIRECTOR: PAGE 3 AFTR DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, FTC I WHILE AT WORK AT WORK Lafavette Ave. Baltimore. Maryland Home 22a | certify that I took charge of the remains described above, held Autopsy XX and in my apinian Accident death resulted from Suicide Homicide Undetermined manner Natural causes TITLE (SPECIFY) DATE 11-20-81 Assistant EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street (TYPE OR PRINT) 23d LOCATION 238.BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Balto Co 24/81 King Memorial Md Park BP_ 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** William C. March F/H 1101 E. North Ave VR A15 ME (5) 15M 2/80

STATE OF MARYLAND



1 tome

HERBERT E. NUTTER FURELAL HOME FUNERAL

(VRA 15, 4) 1/79

STATE OF MARYLAND

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28/13

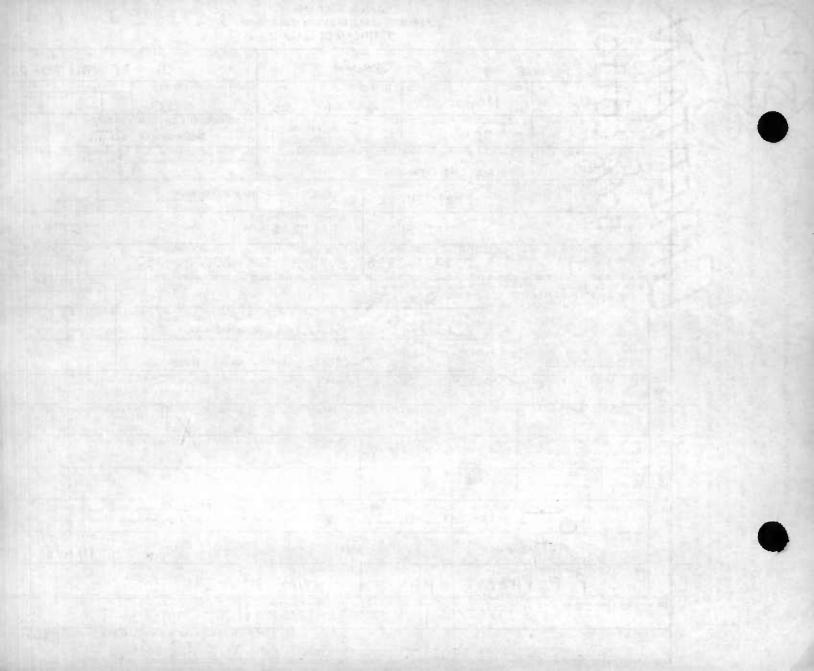
X	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
1	TYPE OR PRINT)		MIDDLE			20. DATE OF DEATH	MONTH DAY		2b. HOUR
L	Willi	am	T.	J	ones		11 3	198.	4
	male	black					50		HOURS MIN.
h	BIRTHPLACE STATE OR FOREIG	SN 76. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY O		F DE ATH	
\$	COUNTRY	USA				_	-		м
	© CITY OR TOWN OF DEATH Baltimore	1534	E. 28th	DDRESS)				12b. KIND C INDUSTRY	OF BUSINESS OF
	Md	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE , 13c CITY OR JOWN Baltimo	re	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	28th	Str	eet
	James	WIDDLE	Jone	s	Annie	MIDDLE BIE		Par	ker
	(YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)			Marie Jon			Str	eet
	PART 2. OTHER SIGNIFIC	DUE TO, OI	RAS A CONSEQUEN	NCE OF		ely metas MINADISEASE OR CON	DITION GIVEN	IN PART 1:	0'
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYI	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN		
	21a, ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d, INJURY OCCURRED 21d, INJURY OCCURRED	OF DEATH HOUR A.I. AMINER) P.I. 21e. PLACE (M. MONTH DAY M. DE INJURY	19	211 LOCATION	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART		STATE
	22a I certify that (1) (this	hospital) attended the		Jones S. DATE OF BIRTH	that (f) (we) la				
		did not view the body	ofter death.	•		death occurred on the de	ate and hour a		
	22b. NGNATURE	· Hawen	h		ATTENDING			224 DATE	SIGNED
	ROBERT I.	GARVER .	Te		JOHN	0-10-1	Hospi	TAL	
2	30. BURIAL, CREMATION, REM	OVAL 23b. DATE	23t. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Buria1	11/7/	81 Ba	1 tim	ore Cemeter		re	OUNTY	M d

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then please remove carbandape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal

IMPORTANT: If them 21 is morked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been



Entrance City Demonstrate the same of the sa Cantiowan's Mark - Table O 18 Jacinistill for the state of the Statement of the second conserved by the state of the

STATE OF MARYLAND

5. DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

DIVORCED

NO [15. MOTHER'S MAIDEN NAME

HYG	IENE U 1 60			
	REG. NO.			
	26. DATE OF DEATH MONTH	7-81	26 HOUR	
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 F	
7	63 YRS.	MONTHS DAYS	HOURS	
	9. BALTIMORE CITY OR COUNTY OF DEATH			
	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L		F BUSINESS	
5?	13e. STREET ADDRESS	IEE C	7	

130. STATE 13b. COUNTY

MIDDLE

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

MIDDLE

7b. CITIZEN OF WHAT COUNTRY

FIRST

STATE OF FOREIGN

16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO.

17. INFORMANT

YES Z

MIDDLE

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) acute myocardial infarction Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last.

STATE

TYPE CHERRY

1. SEX

REGISTRAR DECEASED NAME

10 CITY OR TOWN OF DEATH

(YES, NO OR UNKNOWN)

14. FATHER'S NAME

DUE TO, OR AS A CONSEQUENCE OF (b) arteriosclerotic heart disease DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

81

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160

	POINT PARTY.		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MOINTH	DAY	YEAI

P.M 21s. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

19

211. LOCATION

YXX 4/20107/

CITY OR TOWN

present

NOF

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART T OR PART 2)

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

NO F

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

immediatedly

NOT WHILE

21d. INJURY OCCURRED

190 DATE OF OPERATION

(IF EITHER NOTIFY MEDICAL EXAMINER)

210. ACCIDENT WA

17h SIGNATURE

saw the decompositive an did not) view the body after death

DEGREE

and that in (my) (aur) apinion death occurred an the date and hour and from the couses stated

22c. DATE SIGNED

22d. PHYSICIAN'S NAME LITTE OR PRIN

22e. ADDRESS

ATTENDING .

MEDICAL STAFF PHYSICIAN X DIRECTOR PHYSICIAN

11/17/81

MPORTANT

CERTIFICATION

MEDICAL

DHMH-16 30M 2/80 (VRA 15, 4)

0

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. MAME OF CEMETERY OR CREMATORY

23d. LOCATION

24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE discould be desired moisors and latter power stron Julianio Stron Dictoralishing 10/01 21 \$1.5E 4/10 17 procedu 11/11/21

The state of the s ALIA INTERNATION OF STREET STREET, STR

- STATE

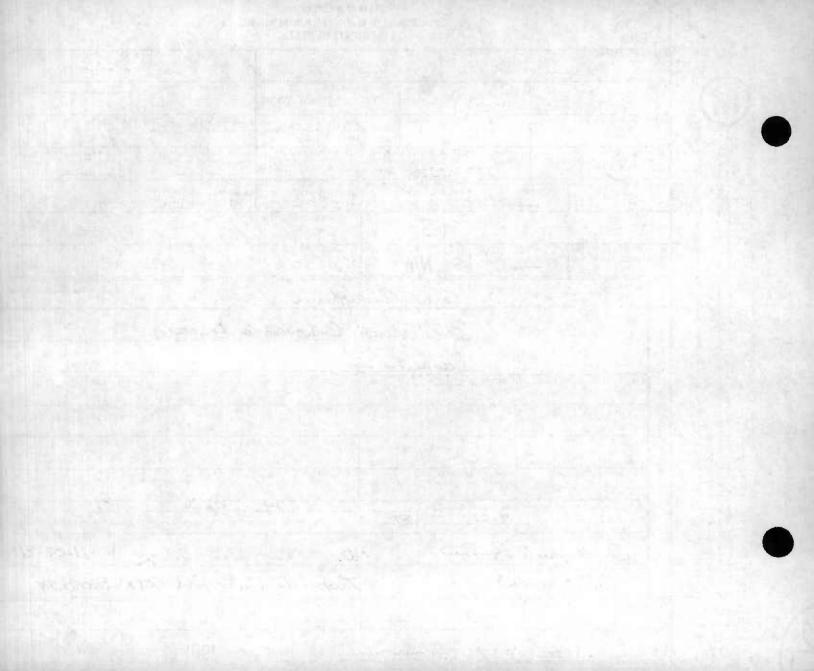
DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

REG. NO 1. DECEASED NAME 20. DATE OF DEATH 7h HOUR LITYPE OR PRINTS Kane 11 2 1981 Mary A. AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 13e STREET ADDRESS 818 Rutland Avenue MIDDLE Reed ADDRESS Algia Ford 4624 Marble Hall Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Yussandie audiovanula Diseare TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) COUNTY CITY OR TOWN STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 11-02-81 PHYSICIAN | DIRECTOR | PHYSICIAN The John Hochim Hospital 601 N. BROADWAY CITY OR TOWN Burial 11/6/81 Arbutus Memorial Pk Arbutus 24. FUNERAL DIRECTOR 1981 William C. March F/H 1101 E. North Avenue

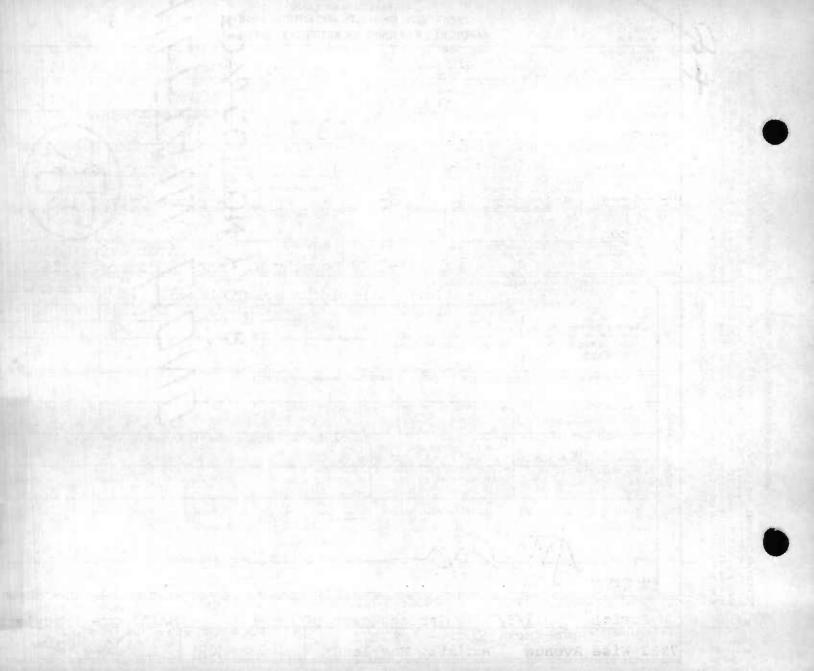
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

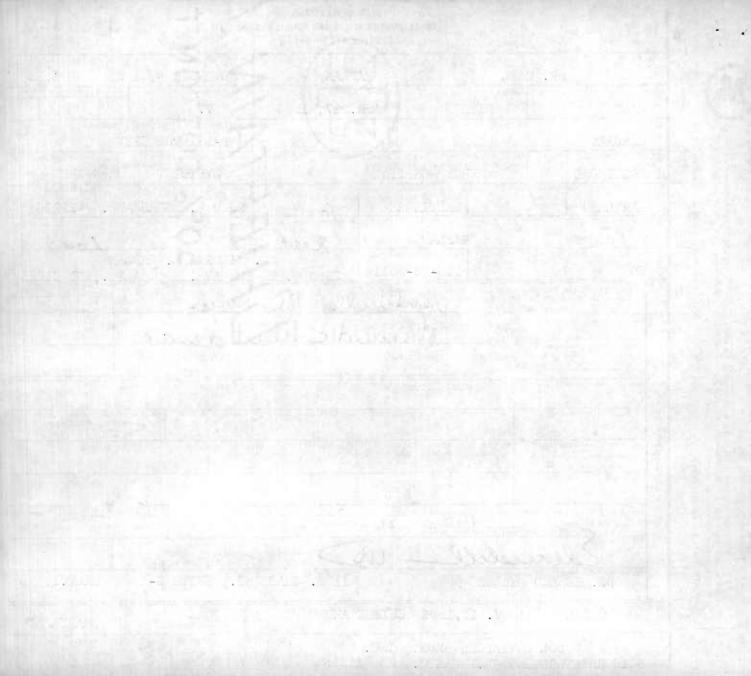


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN X (TYPE OR PRINT) ESTI-19 8 RICHARD KANE, Sr. DEATH MATED Joseph IF UNDER 24 HRS 4. RACE DATE OF BIRTH 2d. HOUR DATE LAST BIRTHDAY) YEAR PRONOUNCED 81 23 DEAD White 11 30 50 YRS male A 3. RETAIN PAGE 5 FOR A 2. SHOULD BE FILED, WITHIN AL RECORDS, 201 W. PRESE TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! U.S.A. Maryland WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore City Hospital Traffic Clerk Baltimore Signode USUAL RESIDENCE (15 IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1135 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Edgemere YES [NO ST 6924 River Drive Road TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SI AFTER DEATH, WITH THE STATE DEPARTMENT OF HAALTH AND MENTAL HYGIENE, DIVISION OF PATAL BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Milton R. Kane Golumboski Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT River Drive Road 6924 (YES, NO. OR UNKNOWN) 214-26-8368 Dorothy H. Kane Edgemere, MD. 21219 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE O Conditions, if 'any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN (IEM 18 PART.) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211, LOCATION CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a. I certify that I taok charge of the remains described above, held on Inspection and in my apinion Autopsy Hamicide Undetermined manner Natural causes Accident TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon. 111 Penn St. EXAMINER'S NAME TYPE OR PRINT 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 11/5/1981 Sacred Heart Of Mary Baltimore BP 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 21222 **DHMH-17** 7922 Wise Avenue Dundalk, Maryland (VR A15 ME (5)

15M 2/80



6010 REISTERSTOWN RD. BALTO, MD 21215



1630 Edmondson Avenue, Catonsville, Md. 21228

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

. B. Janimal . J. Januara S. L. Storp Lynn Haven Dr. Act mitt The Common tender of the Common and
411	1.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	
The		CEASED NAME FIRST	A KOL	IFMA	AN - Q	20 DATE OF DEATH	1-12-81	YEAR 26 HOUR 538
directions hours	3 SE		4 RACE White	5 DATE C	DE BIRTH YEAR 14	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER	LYEAR IF UNDER 24 HRS. DATS HOURS MIN
in 72 hou	Ja 8	RTHPLACE (STATE OR FOREIGN SPUNTRY)	76 CITIZEN OF WHAT COUNTS	RY? 8 MARRIEI WIDOWE	D DIVORCED	9 BALTIMORE CITY O		ITY M
by the filed with		Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI ST. AGNE	S HO	SPITAL	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST (Ret. (anp		SIND OF BUSINESS OF
hould be	13/M	AL RESIDENCE (IF NURSING HOME O STATE 2 ryland			YES NO	3201 M	ARDEL	Ave Bel
ompletely 1 and 2 sh		ATHER'S NAME FIRST Henry	A. Kaufmar	vr.Sr.	IS MOTHER'S MAIDEN NAME FIRST Kather	ine		ruely
s. Pages e medico		VAS DECEASED EVER IN U.S. AL	IVE WAR OR DATES) 212 05	4078	Mrs. Mary N.Ko	aufmann, Sam	e as above	e APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
sen signed by the att t. Then please remove or to burial, crematio y injury, ar other trau	TION		OUE TO, OR AS A COUSE,					
sit permi	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO		20a AUTOPSY?	YES 🗍	AUSES OF DEATH?
er this certificate is the burial-transit ond Mental Hygin ked ar Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETIMER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EATH HOUR A.M. MONTH	19	211. LOCATION	CITY OR TO		
RECTOR: Afti hed for use or ept. of Health tem 21 is mor		22a.1 certify that (1) (this hasp saw the deceased alive a	ontal) attended the deceased fro n	9 1/ 00	nd that in (my) (our) opinion of	, todeath occurred on the d		, that (I) (we) lose om the causes stated DATE SIGNED
Store D		224 PHYSICIAN'S NAME IN	de lugio	(40)	ATTENDING	MEDICAL STA DIRECTOR PHYSIC	FF	DATE SIGNED
should be de with the Stor		DR Alex BURIAL, CREMATION, REMOVA	MEJIA L [23b. DATE]2	23c. NAME OF C	MOD Sulphus EMETERY OR CREMATORY	23d LOCATION	ld-beets	avelos
	24 F	Burial UNERAL DIRECTOR	Nov. 17, 1981	Loudon	Park (emetery		re, Mar	ryland STATE
- 16 50M 1/B1 RA 15, 4)			Home, 237 E. Pat	apsco A		117198	hame Da	Marthe

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Item 2a G 562 12/11/81 GAB
FOR
- STATE

whomp, it, hardened -- Turdle works to the contract of the c commendation that we have reserved in that the particular VIII COLLEGE C

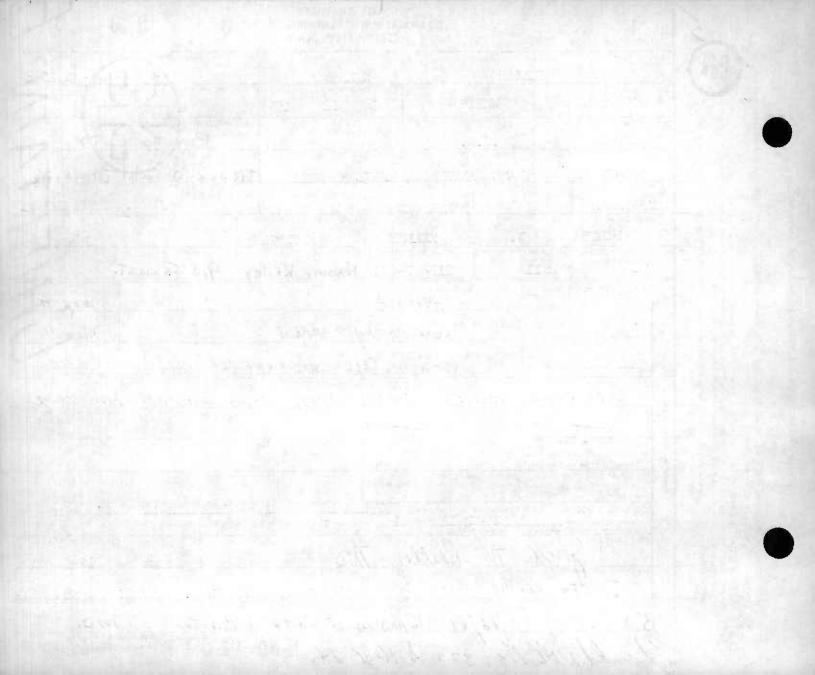
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FOR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

MESS A C 13 51 matte Quarty, 1851 The street of the second Manual with the second Building Butterfelle, he e in since regard and the comment of the same and and 1881 E030 when the metric weeks the control of the

1	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND ICATE OF	MENTAL HYG	IENE 8	REG. N	2	8	1	d	6
1		CEASED NAME	FIRST	N	IDDLE	l l	AST		2a. DATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR	R
IS.		OR PRINT)	WILMER	MO	RRIS	KI	ERBE				11	15	81	5	PM
	3 SEX	(4	. RACE		5 DATE C		YEAR	6 AGE (INY	EARS LAST BI	RTHDAY)	MONTH	DER I YEAR	IF UNDER 2	AIN.
		MALE	2000	WHIT	E	1		05	76	5	YRS		DATS	HOURS	MIN.
H		RTHPLACE (STATE O	OR FOREIGN 71	CITIZEN OF	VHAT COUNTRY?	8 AAA DDIE	NEVER	AAA PRIED	9 BALTIMO	RE CITY O	OR COUN	TY OF D	EATH		
7		ryland		U.S.	Α.	WIDOWE		NORCED	BALI	IMOR	E CIT	Y			MD.
	10 CI	TY OR TOWN OF D	EATH 1		OSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL			12	. KIND	aboa	
2		altimore		ST. A	GNES HOSE	PITAL	- E.R.		Shippi					noe C	
	13a. S		N COUNT	Y	13c. CITY OR TOW	N	136 INSIDE		13e STREET			30.	010		
2	_	ryland	Howa	rd	Columbia	1	YES 🗌	KON.	6722	Pine	Driv	ve.	210	46	
	14 FA	THER'S NAME FIRST	MI	DDLE	LAST			S MAIDEN NAM		MIDDLE			LAS	Т	
U		William			Krebe		F	lizabet	th				Vo	lant	
5		AS DECEASED EVE		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	ANT		ADDR	ESS				
		NO			215-09-5	5840	Flore	nce E.	Kerbe	6722	Pine	Dr	ive	2104	6
-		18 CAUSE OF DEA	ATH (Enter only WAS CAUSED	one couse per	line for 101, (by and	dick			0				BETWEEN	MATE INTERV	AL EATH
		PARTI. DEATH	IMMEDIATE		Acule	con	mary	Occi	lessen	•			Su	Ade	~
		410	0	DUE TO, OR	AS A CONSEQUE	NCEOF	1	Oecal lis va					AL		
1		Conditions, if or		(16)	Hypell	uswl	Ears	io vas	10- Du	um	6		5	425	
		gove rise to in	ting the	DUE TO, OR	A ACONSEQUE									/	
		underlying cau	ise lost.	(c)_										2.55	-
		PART 2. OTHER SI	GNIFICANT CO	NDITIONS CO	NTRIBUTING TO	EATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASI	ORCON	DITIONG	IVEN IN	PART 110		
	o l														
	CERTIFICATION	19a. DATE OF OPER	RATION	196 CONDI	ION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTO	PSY?				GS USED	10
	E								YES 🗌	NO		YES [CAUSES	NO [11
	CER	21a. ACCIDENT WAS		216. TIME OF	INJURY A. MONTH DA	V VEAD	21c. HOW IN	JURY OCCURR	ED (ENTER NA	TURE OF INJU	IRY IN ITEM 18	B PART 1 O	R PART 2)		
	CAL	OR CONTRIBUTING [J	P.A		19	1.6								
	MEDICAL	216. INJURY OCCU		21e PLACE C			21f LOCATION			CITY OR TO	354/6.1		OUNTY		ATE
	Z		WHILE T	(AI HOME STRE	ET, FACTORY, OFFICE, F	ARM ETC)	PINEE			CITORIC	1			51	715

220.1 certify that (1) (this hospital) attended the deceased from

oboye, (N(we) (did) (did not) view the body ofter death

236 DATE

11/19/81

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

ALTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

271. PHYSICIAN'S NAME (TYPE OR PRINT)

3927 ANNAPOLIS ROAD

23c NAME OF CEMETERY OR CREMATORY

Burial 24 FUNERAL DIRECTOR

23d LOCATION
CITY OR TOWN
Baltimore Loudon Park Cemetery

Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

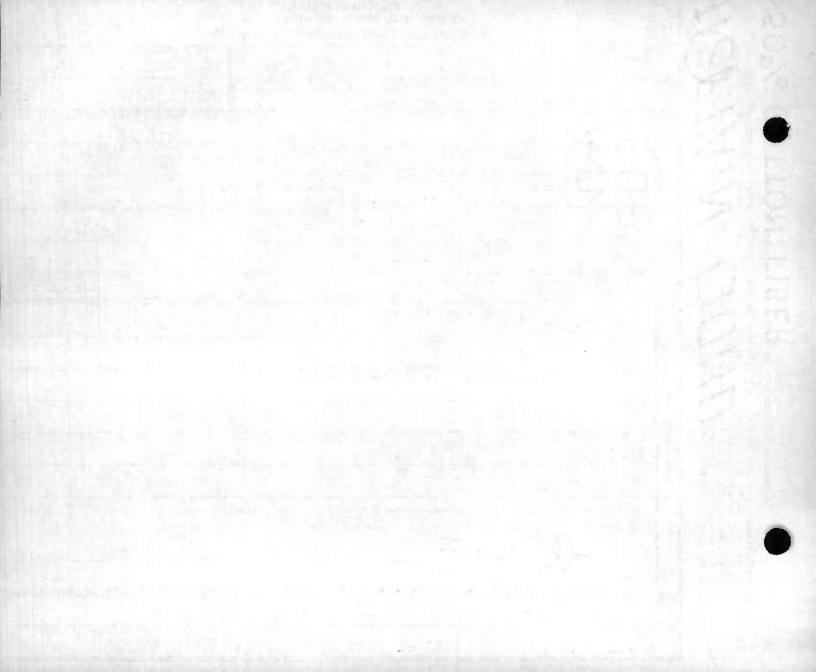
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IMPORTANT: If Item 21 is

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-Ray Kersey Thomas DEATH MATED SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 81 8:13 DEAD black 12 male 3 1926 9. BALTIMORE CITY OR COUNTY OF DEATH am TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED 🗌 NEVER MARRIED 😾 FOREIGN COUNTRY) N.C. USA WIDOWED [DIVORCED B. GIVE PAGES 1, 2, AND 3 TO THE WITH FORM PM 3. RETAIN PAGE T. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF VITAL RECORDS—201 ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) AVENUE FOR MOST OF WORKING LIFE) Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore NO [2909 Md Parkwood 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST Clara Kersey Walden Emmitt WITH FOR 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 219-20-8223 Clara Kersey 500 Dudley St Apt 116 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ED AS A BURIAL - TRANSIT PERMIT.
HEALTH AND MENTAL BETWEEN ONSET AND DEATH ND MENTAL HYGIENE, TION, OR REMOVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Pharvnx DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (0) CERTIFICATION USED 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CATE, WRITH TO THE CORWARDED TO THE CORP. PAGE 3 SHOULD BE USET THE STATE DEPARTMENT OF PAGE STA YES NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211. LOCATION AT WORK AT WORLE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a I certify that I taak charge of the remains described above, held an Autoosy Inquiry and in my apinian death resulted fram: Undetermined manner TITLE (SPECIFY) DATE 11/12/81 Assistant MEDICAL EXAMINER SIGNATURE **EXAMINER'S NAME** Penn Street, Balto., MD 21201 Hormez R. Guard, M.D. (TYPE OR PRINT) 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR' 250. DATE REC'D. BY REGISTRAR 256. PEGISTRAR STENATION OF THE PROPERTY OF THE Burial 11/17/81 Md Veteran Cemetery BP 24. FUNERAL DIRECTOR **DHMH-17** William C. March F/H 1101 E. North Ave (VR A15 ME (5)) 15M 2/80



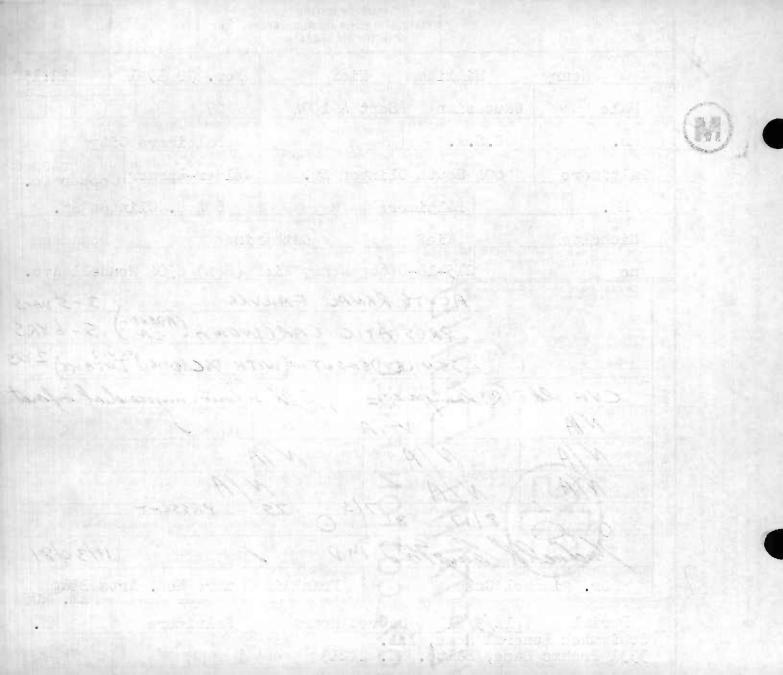
DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CEKITE	CATE OF DEATH		REG. NO.			•
	1. DECEASED NAME FIRST	WIDDLE	t.	ASI	2a DATE OF DE		TH DAY	YEAR	2b HOUR
	Henry	William	I	Kief	Nov.	30 1	981		12:15
	3. SEX	4 RACE	5. DATE O		6 AGE (IN YEAR	S LAST BIRTHDAY		DER I YEAR	IF UNDER 24 HRS
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1	To BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE	CITY OR CO	UNTY OF	DEATH	
-	5 Md.	U.S.A.	WIDOWE		Bal	ltimo	re C:	ity	MD
2	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	- 1101112 0	R OTHER INSTITUTION					Brass &
9	Baltimore	604 South		ton St.	Welder	r-Bur		Copp	
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>	Md.	Baltime	ore	YES 📉 NO 🗌		4 S.	Clint	ton	St.
1	14. FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM		NDDLE		LAS	
1	Nicholas	Kief		Cather				Dona	amenn
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	1850	DUE TO, OR AS A CONSEQUE	NCE OF			(AD	5×0-	_	1 Uns
	Conditions, if any, which	((b) PROS	7791	10 CARCI	NOMI	96 0	AX	>.	- 6 T/R
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF				FU	ain	12 YA
1	underlying cause last	DUE TO, OR AS A CONSEQUE	r va	MENT IA WI	TH VE	LAGA	ED 4	VTAL	(K)
	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	inal disease o	R CONDITIO	N GIVEN IN	PART I	. 1. 1
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9	THE INTURY OCCUPANO	P.M. 21e. PLACE OF INJURY	19	211 LOCATION	1				
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	sow the decensed of	8/17 19	81.00	d that in (my) (our) opinion d	eath accurred a	n the date or	nd hour and		hat (I) (we) last
	27b. SIGNA SIE	view the body alter death.		DEGREE				22c DATE	
	Michael	1 /aunth	()	M D ATTENDING	MEDICAL	STAFF		11/3	0/81
Н	22d. THYSICIAN'S NAME (TYPE C	OR PRINT)	_	22e ADDRESS	DIRECTOR	PHYSICIAN			100
		nael Camp		Franklin	Square	e Med	. Art	ts B	ldg
	230 BURIAL, CREMATION, REMOVAL	236. DATE 23c. N	AME OF C	METERY OR CREMATORY	123d. LOCATIO			— Ri	m. 205
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250. DATE REC'D. BY REGISTRAR 236. REGISTRAR'S SIGNATURE
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24 FUNSchrimminek Funeral Home Inc. 3331 Brehms Lane, Balto. Md. 21213



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	MONTH	DAY	YEAR	2b. HOU	

FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 PREG. NO.	8 / 9 0
I. DECEASED NAME FIRST	11111	KIL GUS	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
3. SEX	Grucasion	5. DATE OF BIRTH MONTH DAY YEAR	6 ACC (IN YEARS LAST BIRTHDAY) 78 YRS	MONTHS DATS HOURS MIN.
Balto. Md.	76 CITIZEN OF WHAT COUNTRY	RARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	Y OF DEATH ity MD
O CITY OR TOWN OF DEATH BALT/MORE SUAL RESIDENCE (IF NURSING HOME	(IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION ET ADDRESS) ///OS/PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR INDUSTRY Bethlehem
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4 FATHER'S NAME FIRST George	Kilgus	15 MOTHER'S MAIDEN N	therine Fein	LAST
	ARMED FORCES? 166 SOCIAL SEC Give war or dates) 2/3 0'	URITY NO. 17. INFORMANT	M Kilgus - 4230	Nicholas Ave.
Canditians, if any, which gave rise to immediate couse (0), stating the underlying cause last	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) T CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION GIV	/EN IN PART 1/0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION	A AIH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	
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sow the deceased alive o	pital) attended the deceased from, an 19 nat) view the bady after death.	8 and that in (my) (our) opinion	death occurred an the date and hau	19, that (f) (we) last are and from the couses stated
22b SIGNATU	M.D 9236	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
FEANCIE F.S	SALES NO D	spale 220 ADDRESS	HOSP & BALT	HORE

230 BURIAL, CREMATION, REMOVAL (SPECIFE) 236 DATE

230 NAME OF CEMETERY OR CREMATORY

COUNTY

24 FUNERAL DIRECTOR

Miller Inc-6415 Belair Road -21206

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STATE

DHMH - 16 50M 1/BI (VRA 15, 4)

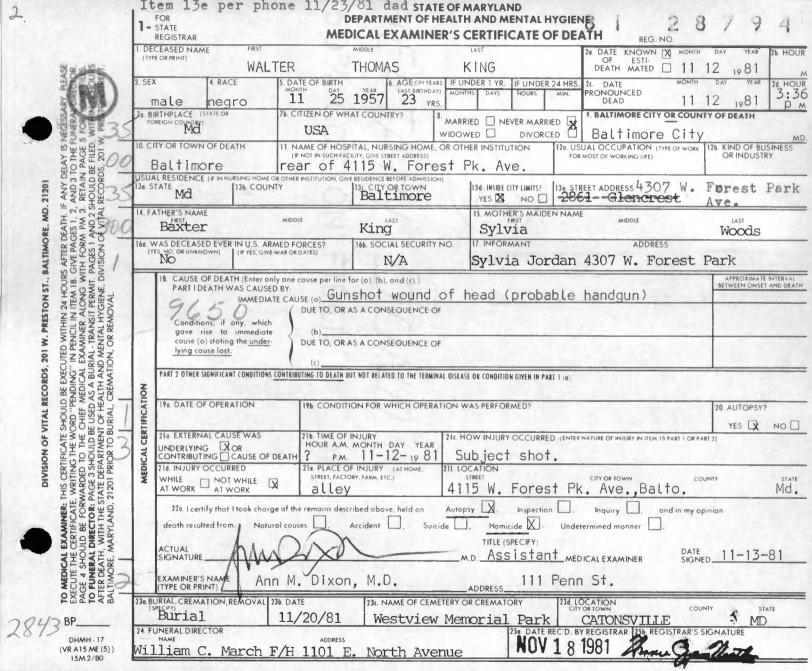
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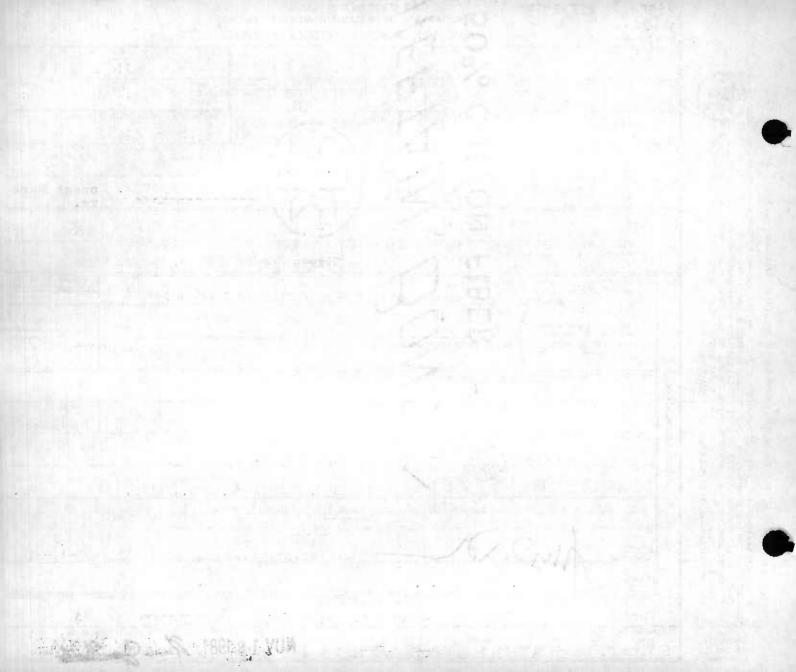
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TO HOSPITAL TO FUNERAL should be de with the State		Joseph P	I SZCZ	ek, M.D.			c/o Maryla	and Genera	l Hospit		
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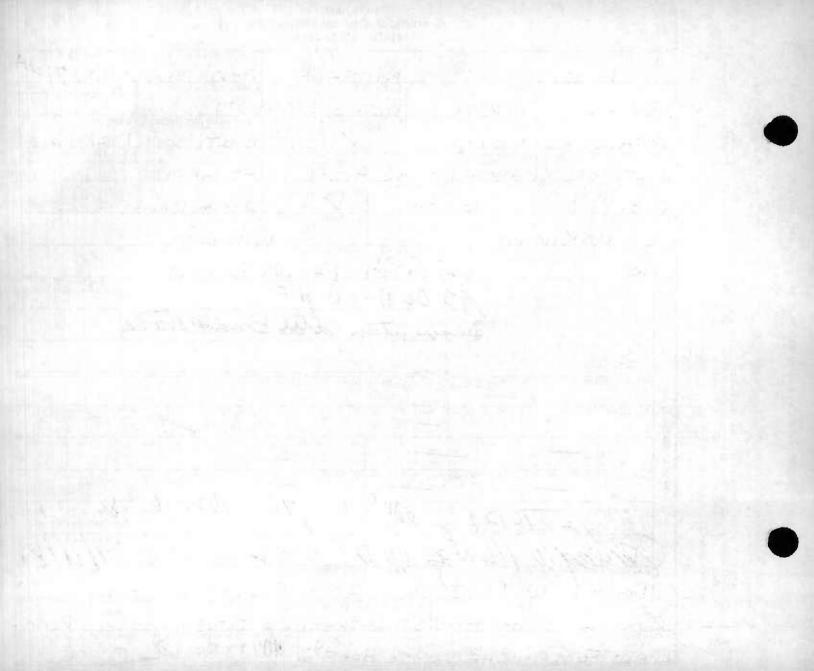
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Anatomy Board

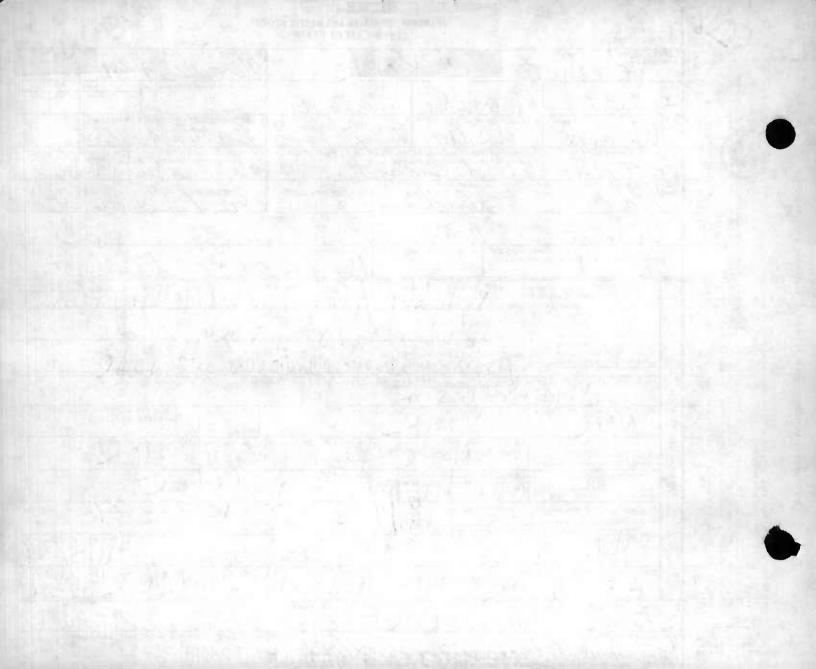
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 2h HOUR COMPE CON PROMISE November 11. 1981 12:151 Ernestine Knight RACE 1.5EX IF UNDER 1 YEAR 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR 1 STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto City WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR TOWN OF BEATH 12g USUAL OCCUPATION 176. KIND OF BUSINESS OR FOF WORK FOR MOST OF WORKING LIFE! INDUSTRY The Johns Hopkins Hospital HODESE WITTE 136 COUNTY 13d INSIDE CITY LIMITS? NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Freeman APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and (c). PART I. DEATH WAS CAUSED BY NON-MED hour IMMEDIATE CAUSE (0)_ Conditions, if any, which Chronic gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CATION KOREI EASED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CERTIFI NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH DIVISION OF WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that (1) (this haspital attended the deceased from saw the deceased olive on 5/22 above. (1) we) ((1) (did not) view the body after death and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED paul ATTENDING MEDICAL STAFF FUNERAL I 11 nov 81 DIRECTOR PHYSICIAN PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT 77e ADDRESS ryals, md paula 0 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY DHMH - 16 50M 1/BI (VRA 15, 4)

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/ BP	230 1	URIAL, CREMATION,	JAVOM	11-23	Car I		ERY OR CREMATO	CEM. 2	3d LOCATION BAL	70.	COUNTY	MD
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	NERAL DIRECTOR	- CK	nun	1 7 50855	11.De	0N ST.	NOV	284 4 1984	25b. RECESTE	RAR'S SID NAT	Marin

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MPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the medical examiner may be notified

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE 💍 :	2 3	Ü	U	dy		
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR			
	TYPE	ORPRINT) Frieda	a	C. K	DEHLE	d:	1	1/17/	81	9:17	7/2		
	3. SE)	(4. RACE	N.	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24						
	1	Female	whit		MONTI	H DAY YEAR	Ol.	MONTHS	DAYS	HOURS	MIN.		
	7. 011	RTHPLACE (STATE OF FOREIGN			Jan	. 14, 1897	9. BALTIMORE CITY O	YRS	EATH				
7		Cermany	USA	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DED DIVORCED DED	BALTIMORE		EAIN		MD.		
111	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST OF		b. KIND OF	BUSINES	SOR		
17		BALTIMORE		ON MEMORIA		SPITAL	Research		Cat	alvsi	Ł		
5	13a. S	AL RESIDENCE (IF NURSING HOME OF ITATE 13th COUR	NTY 40	13c. CITY OR TOWN Baltimor	1	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ina Aver	1110	21200	0		
	14. FA	THER'S NAME			100	15. MOTHER'S MAIDEN NAM	ME	A COL			-		
30		Louis	Sterzin			Rose	Sterzi	A CONT	LAST				
2		VAS DECEASED EVER IN U.S. AR	WE WAR OR DATES)	16b SOCIAL SECUR		17 INFORMANT	ADDRE	SS					
2		NO		220 32 3	210	Shari Rums	lev 1205 S	abina Av	APPROXIM BETWEEN OF		10		
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b)	R AS A CONSEQUE	NCE OF		INOMA	DITION GIVEN IN	PART 1(o	1			
	NO N												
9	CERTIFICATION	190. DATE OF OPERATION	19b COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES					
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I O	R PART 2)				
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	WN CO	OUNTY	STA	ATE		
		22a. I certify that (I) othis hosp	- Company of the Comp	,			, 10	17 . 19		hot (I) (W	-		
	10	sow the deceased alive or above, (1) (we) (did) (did no	ot) view the body	ofter death.		nd that in (my) our pinion o	death occurred on the do				ed		
		Down In	Zisl	hen.		ATTENDING PHYSICIAN	MEDICAL STAF	FF _/	22c. DATE S	IGNED 17/S	6/		
1		David M.	FISL60	in M-A	٥.	22e ADDRESS	RIAL HOSPIT	Δ1.					
	270 5	LIDIAL CREMATION REMOVAL	122h DATE	T 22, N	AME OF	EMETERY OF CREMATORY							

DHMH-16 30M 2/80 (VRA 15, 4)

BP

(SPECIFY)
Burial 24 FUNERAL DIRECTOR
Burgee Funeral Home

3631 Falls Road

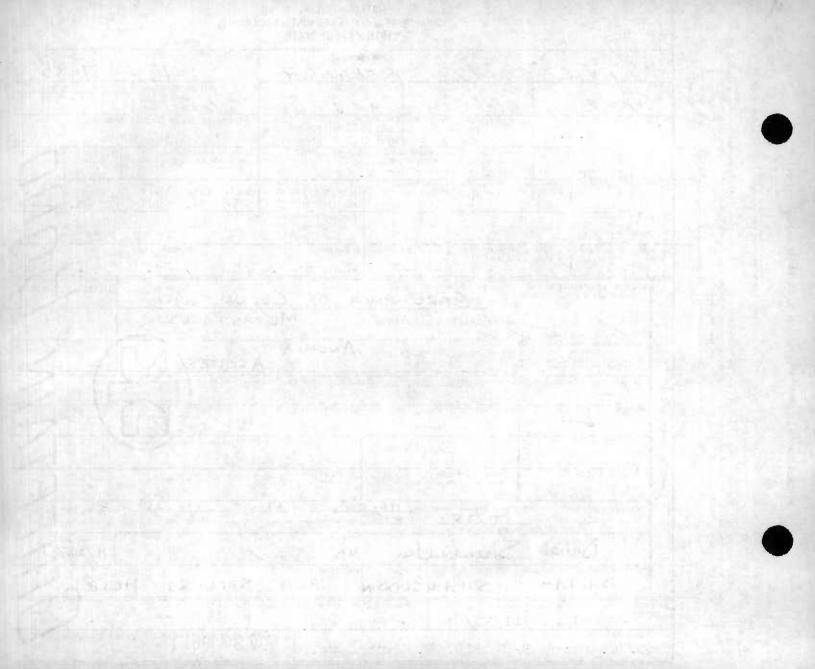
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Baltimore

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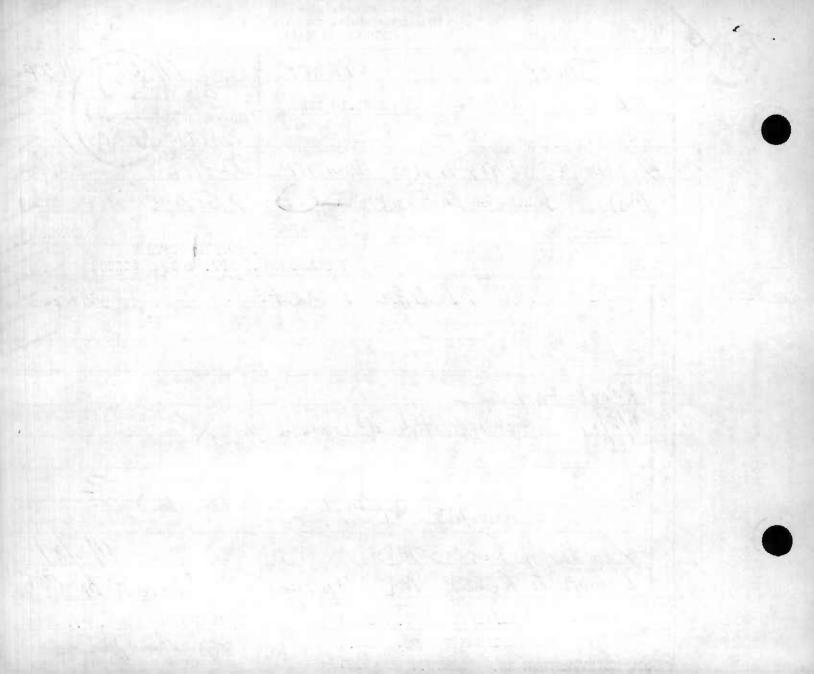
DHMH - 16 50M 1/81

(VRA 15, 4)

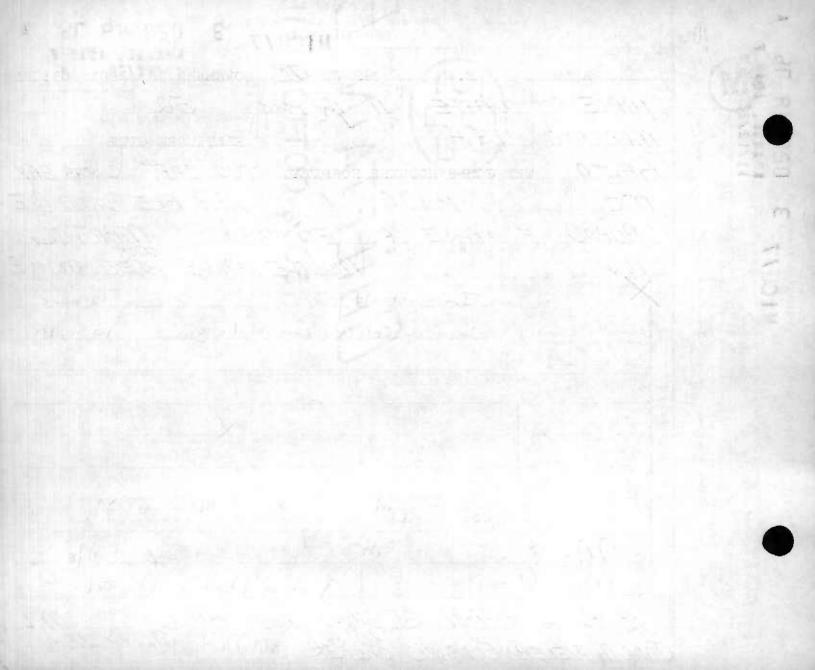
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2b. HOUR TYPE OR PRINTS J. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR SEPT.10,1889 To BIRTHPLACE I STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED RUSSIA 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OF INDUSTRY RETAIL APT. 21208 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ISAAC SARAH UNKNOWN KRAMER MRS. SOPHIE POTOTSKY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 7 SLADE AVE., APT. 205 #21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and .c..
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, gave rise to immediate (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORME 280 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F NT WAS UNDERLYING 21b. TIME OF INJURY 716 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET FACTORY OFFICE FARM, ETC) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an_ , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death **DE GREE** ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, (SPECIFY) BURIAL 11/11/81 MT. SHARON SPRINGFIELD DEL.CO. 24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD. BALTO., MD

SOL LEVINSON & ABROS., INC.



	1			STATE OF MA	RYLAND			
0	11.	FOR - STATE	DEP	ARTMENT OF HEALTH A	ND MENTAL HYG	IENE B	1202 11	in its U is
. 10		REGISTRAR		CERTIFICATE	OF DEVIH	7 3 REG. K	60 7	A GI P
0 3		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	PAT S PAY	A PA HOUR
厂 基础版		ADAM	F	KRAUS	E TP	NOVEMBER	Ida 2/2	801 A1.001
- (在 和 ()	3. SE		4. RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BI		INDER 1 YEAR IF UNDER 24 HRS
0		MALE	WHITE	MONTH /	2 1928	5	ZYRS MON	THE DAYS HOURS MIN.
A STATE DA	Ja. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED NE	VER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH
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NATIO	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		RINSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIFE	126 KIND OF BUSINESS OR
D = 1 125	1	SALTO	THE JOHNS H	OPKINS HOS	PITAL	TUG CH	PTK	CURRS BAY
四十年 100	USU 13a.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	IDE/CITY LIMITS?	13e. STREET ADDRESS		10
A 4 11 PO		ma	Bt	YES T		67/8 1	3REOI	TWOOD HUZ
Z To The Co	14. E/	ATHER'S NAME	MIDDLE () CAS	15. MOT	HER'S MAIDEN NA	ME / MIDDLE		a Dust- ()
A Parallel Sec		HOAM	F KEAUSE	SP	FLIZAL	7-71	m	ANTIK,
IMORE, on ond co. Poges 1		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166. SOCIAL	SECURITONO. 17 INFO	RMANT	ADDR	ESS 6718	/ 00
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deo deo orte	197	Conditions, if ony, which			Corona &	of Lung		10 months.
the remo	23	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF				
that the that the lease release relations or other		underlying couse lost	(c)					
se es	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 1 o
Seen signature on the signature of the s	CERTIFICATION							
s bee	IGA I	190 DATE OF OPERATION	1%. CONDITION FOR W	HICH OPERATION WAS PI	ERFORMED	200 AUTOPSY?	206. IF YES, W	ERE FINDINGS USED G CAUSES OF DEATH?
	RIF			id Mil		YES NO	YES [NO [
VITAL AN: The hysicion in ficote hyporesit property in Hygien		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HO	W INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I	OR PART 2)
NG PHYSICIAN: ortending physicians; ortending physicians; certifications, as the buriol-from the and Mentol Hypores or feet 18:	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	7111	19				
O YH HY	AED!	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOC	STREET	CITY OR TO)WN	COUNTY STATE
DINISK or offer Affer this se of the ord oith ond	~	AT WORK NOT WHILE		THEE, THINH, ETC.)				
O O O E		22a. I certify that (1) (this hospi	1 100	400	. 19 87	1011\5		that (I) (we) last
Spitol CTOR I for us of He		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body olter death.	19, ond that in	(my) (our) opinion o	death occurred on the d	ote and hour on	d Irom the couses stated
OR A DIREC Oched Dept.		226. SIGNATURE	01	DEGREE			N F W	22c. DATE SIGNED
AL D AL D detoo		///la 0		m.D.	ATTENDING PHYSICIAN	MEDICAL STA	CIAND	11/5
d by		228 PHYSICIAN'S NAME (TYPE C	PRINT)	22e ADI	DRESS	. \	12	
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined with the Store I.		More	になら		Tohna	Hopking	· labore	ritel.
5 par S s s s s s s s s s s s s s s s s s s	23a E	BURIAL, CREMATION, REMOYAL	23b. DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION		
1641BP		BIRIAL	11-9-81	ST STAR	119/ADG	3 /3A/	TO "	MY MY
DHMH-16 50M 1/81	24 FU	INERAL DIRECTOR		NOIC	25a. DATE	REC'D. BY REGISTRAR	250 REGISTRAR	SIGNATURE
(VRA 15, 4)	17	200) M/ 1/2/24	P. 4. Snow 10	m) chist	~ NO	V 1 0 1981	Many	dan lastle



10	/			STATE	E OF MAKILAND				
X	FOR - STATE		DEPAR		EALTH AND MENTAL HYG	SIENE 8-1	La	8 0	U D
	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	DECEASED NAME FIRS		MIDDLE	l	AST	20. DATE OF DEATH		AY YEAR	2b HOUR
Г		NNA	K.		KRAUSE	November	4 1	981	UP
3.	SEX	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	
+	Female	Wh	ite	Jan	. 5. 1896	85	YRS.	ONTHS DAYS	HOURS MIN
10	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN O	WHAT COUNTRY	Y? 8	_	9 BALTIMORE CITY		OF DEATH	
ďΠ	Maryland		JSA	WIDOWE	D NEVER MARRIED NORCED	Baltimor	e Cit		M
丰	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b KIND C	OF BUSINESS OF
	Baltimore		vood Nu		Home	(TYPE OF WORK FOR MOST O			. Store
N	SUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEF	ORE ADMISSION)	HOTTIC	Sales Cl	erk	Dept	. Otore
	Bo STATE 13b. C	OUNTY	13c. CITY OR TO		13d INSIDE CITY LIMITS?	1600 Way	(anly	14/214	
-	FATHER'S NAME		Baltin	ore	15. MOTHER'S MAIDEN NA		reity	vvay	
7	Louis	WIDDLE	LAST		FIRST	MIDDLE	C	LAS	51
16	was deceased ever in u.s	APMED FORCES	Krause	CURITY NO	Minnie 17. INFORMANT	ADDR		iemon	
1	(YES NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)							
-	No I		1216 01	8135	Evelyn M.	Reidy, To	wson,	Mary	/land_
1	PART I, DEATH WAS CA	er anly one cause p						BETWEEN	ONSET AND DEATH
1			Wiline Do	levelra	heart disease		10 13	1 13	
1	14140	DUE TO	OR AS A CONSEO	UENCE OF					
L	Canditians, if any, which		W						1
П	gove rise to immediat cause (a), stating th	-)	OR AS A CONSEQ	UENCE OF					
	underlying couse las	1.							
١.		NT CONDITIONS	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	a
Contract and a	5								
	90. DATE OF OPERATION	196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
1						YES NO	YES	ING CAUSES	NO
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Ŀ	OR CONTRIBUTING CAUSE O	T DEATH	A.M. MONTH	DAY TEAK					
A COLUMN	21d INJURY OCCURRED	21e PLACI	OF INJURY		211 LOCATION				
13	WHILE NOT WHILE T	[AT HOME S	TREET, FACTORY OFFICE	E, FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
ı	220.1 certify that (1) (this h	pospital) attended t	he deceased from	2471	Jan 10 76	10 4 /165	meler	0.81	that (1) Lucylas
	saw the deceased aliv	e on 2 1000	mor 19	121	nd that in (my) wor) apinion	death occurred on the d	ote and hour	,	
	above, (1) (we) (did) (di 22b. SIGNATURE	d nat) view the bod	y ofter death.		DEGREE			22c DATE	
	8/ 5/	3. 1	MO		ATTENDING	MEDICAL STA	FF _		281
1	- Dem 11 10	Brugh	11/17		PHYSICIAN S	DIRECTOR PHYSIC	IAN	0 06	- 0/

22e ADDRESS

Parkwood

1652 E. Belvedere Ave., Balto., Md.

Dr. John W. Barnaby, M.D. 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 23b DATE

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION

CITY OR TOWN

COUNTY,

Henry W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212

11/7/81

Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

LE 1881 LE MONSMON LE UNE LE 1981 EL MAN Anite Jan. 5. 1888 i enemistre English Hard Sales Clerk Hadi. Stor altinone Baltimore x 1600 Wavenly Way nortei Einri M 216 01 0185 Evelyn M. Roidy, Towson, Marry and Dr. John W. Barnaby, M.D. | 1652 E. Belvadero Ave., Salto., Ma. 11/7/81 Farlovobd Bilto. county, edite. il Henry W. Jan ins 8 Sons Co. sept york Road Eallo., IV. . 81218

/	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND I	MENTAL HYGI		REG. NO.	28	3 1,) /
		CEASED NAME	FIRST	/	MIDDLE		AST		20 DATE OF DE		DAY YEAR	2b H	OUR
	TITPE	OR PRINT)	Telen		E.	Kre	eider		Nover	mber 2,	1981		M
	1. SE	X		4 RACE		5. DATE C			6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEA		DER 24 HRS
١		Female		Whi	te	Jan		1901	80	YRS	MONTHS DAY	S HOUR	S MIN.
U	7a BI	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 *** DD IE	D NEVERA	ADDIED []	9. BALTIMORE	CITY OR COUN	TY OF DEATH		
Ø	1	Penna.		U.S.	A.	WIDOWE		ORCED	Ba:	ltimore	City		MD.
C		Baltimore		2946 H	HOSPITAL, NURSIN HFACILITY, GIVE STREET A ARTORD RO	address)	Reside:	1	12e USUAL OCC (TYPE OF WORK FOR House)	UPATION MOST OF WORKING VICE	126. KIND INDUSTR		NESS OR
É	13e S	AL RESIDENCE (IF NUR. STATE ryland	13b COUN	OTHER INSTITUTION, NTY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Baltimor	N	13d INSIDE C	NO [13e. STREET ADD 2946	RESS Balt	t., Md. l Road	212	218
	14 FA	THER'S NAME	11 = 7.11	MIDDLE	1.451		15. MOTHER'S	MAIDEN NAM		0.015			
C		Howard	- 0.00		McCormick	2	A	ngeline	MI	DDIE	Bartle	ey	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMA	NT Husba	and:	ADDRESS Ba	lt., Md	. 21	218
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		18 CAUSE OF DEAT	H (Enter or	ly one couse per	ligate (o), (b), and	Liggs)	111		200		SETWEE	SEMANT IN	PRVAL NO DEATH
		PART I. DEATH W		E CAUSE (o)	Carc	-	mat	ens			6	m	er)
	100	1830		DUE TO, OF	R AS A SONSEOUE	NCE OF						_	
		Conditions, if any		(b)	to af	0	van	1			7	9	7
		gave rise to immore couse (a), stating	ng the	DUE TO, OF	R AS A CONSEQUE	NCE OF	-	7				0	
		underlying couse	løst.	(c)									31 7
	NO	PART 2. OTHER SIGN	NIFICANT (CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OF	CONDITION G	IVEN IN PART	(0)	
7	CERTIFICATION	19e DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY	? 20b. IF Y	ES, WERE FINE	INGS US	ED
1	TE								YES T NO		TIFYING CAUSI	ES OF DE	
2	CER	21a. ACCIDENT WAS UNI		216. TIME O			21c HOW IN.	JURY OCCURRE	ED (ENTER NATURE		- Land		
7	IA:	OR CONTRIBUTING (IF EITHER NOTIFY MEDI			M. MONTH DA	Y YEAR							
	MEDICAL	21d. INJURY OCCUR		21e. PLACE C	OF INJURY		211 LOCATIO	N			de la constante		
	¥	WHILE NOT WE	RK R	(AT HOME, STRI	EET, FACTORY, OFFICE, FA	RM, ETC)	STREET		CIT	Y OR TOWN	·COUNTY		STATE
		22a. I certify that (I)	(this hospi	tal) attended the	deceased from_	8/1	8	, 19 75	_, to/	1/2	19.81	, that (1)	(wa) last
		sow the decease	ed alive on	t) view the body	ofter depth 19 8	C, on	d that in (my)	our pinion de	eoth occurred on	the date and he	our and from th	e couses	stated
	0.5	226. SIGNATURE	10.0 110	A VICW IIIC COOY	0		DEGREE	18.1	3000		22c. DA1	E SIGNE	9
		(om	arl	1 00	stell-	1		TTENDING HYSICIAN	MEDICAL DIRECTOR F	STAFF	11	12/	8)
		22d. PHYSICIAN'S N	AME (TYPE O	RPRINT			22e ADDRESS				/	1	
		Dr. Conr	ad L.	Richter	M.D.		3128	Harfor	rd Road	Baltim	ore, Md		
		URIAL, CREMATION,		23b. DATE	004		EMETERY OR C		23d. LOCATIO		COUNTY ==	-	STATE
		Buria	T	Nov 4 1	G:	arden	s of Fa	ith	Balt	imore	Marinnos	ryla	na

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

24 FUNERAL DIRECTOR Baltimore, Maryland Leonard J. Ruck, Inc.

250. DATE REC'D. BY REGISTRAR 251. BY GISTRAR NOV 3 1981

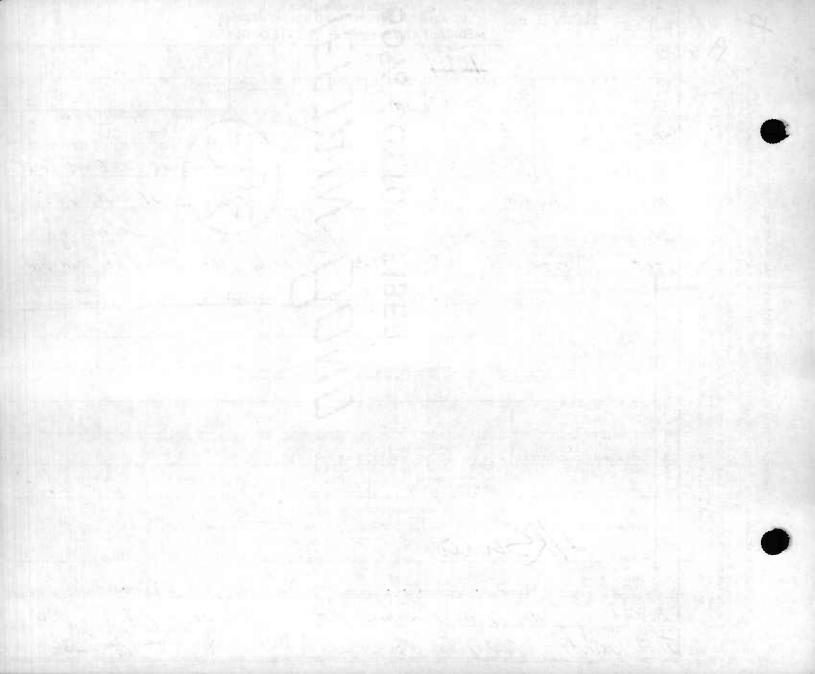
November 8, 1981			
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR (TYPE OR PRINT) 1981 Josephine E. KRONEY November 19, 4 RACE 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY DAYS Female White June 10 1890 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XX COUNTRY) Baltimore City U.S.A. Maryland DIVORCED [WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Poplar Manor Nursing Home (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Clothing DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Seamstress SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 1932 McHenry St. 21223 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Neiser #(#Uth14th16#sth1)# William Kronev Anna ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Elsie Brown/2415 Washington Blvd/BaIto Md I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 213-03-6571 No BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for to , (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse lol, stating DUE TO, OR AS A CONSEQUENCE OF underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ō CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NOF YES [NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21f. LOCATION 21e PLACE OF INJURY 21d INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (we) (did) (did not) the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNET ATTENDING be detor FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: Road, BALT. MD 22d. PHYSICIAN'S NAME (TYPE OR PRINT 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 11/20/81 Westview Crematorium Cremation Catonsville, Maryland 21228 24 FUNERAL DIRECTOR ADDRESS Balto Md 21223 DHMH - 16 60M 1/75 (VR A 15 (4)) Walters Funeral Home/Pratt & Stricker Streets

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DHMH-16 30M 2/80

(VRA 15, 4)

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Lerou O. Duett 4600 Liberty Heights Ave

- STATE

REGISTRAR

1. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

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REG. NO

MONTH

YEAR

8.7

DAYS

IF UNDER I YEAR

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YES [

COUNTY

COUNTY

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250 DATE REC'D-BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22r. DASE SIGNED

26 HOUR

HOURS

17b. KIND OF BUSINESS OR

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IF UNDER 24 HRS

20. DATE OF DEATH

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TO FUNERAL DIRECTOR:

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	FOR 1 - STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE 8 2	8815
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1	3 SEX	4. RACE	S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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7	ROMANIA	U. S		MARRIED NEVER MARRIED WIDOWED DIVORCED		TY MD
2	10. CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF	HOSPITAL, NURSING HOME H FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING OWNER	12b. KIND OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME 13a. STATE 13b. CO		13c. CITY OR TOWN	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
7	MARYLAND		BALTIMORE	YES X NO	2403 ARBUTON A	AVENUE, 21230
6	14 FATHER'S NAME FIRST VICTORY	WIDDLE	CATAU	15 MOTHER'S MAIDEN NA FIRST BARCIA	WIDDLE	SHEPPERSON
	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 268-03-9630	JOHN E. EIKE	ADDRESS NBERG 951 ROSEI	DALE AVE.,21237
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211. LOCATION STREET

22e. ADDRESS

220.1 certify that (I) (thus hospital) attended the deceased from

NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

DEGREE

DAY YEAR

HOUR A.M. MONTH

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

P.M

21e. PLACE OF INJURY

11-09-81

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

COUNTY

COUNTY

22d. PHYSICIAN'S MAME (TYPE OR PRINT)

(SPECIFY)

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY LOUDON PARK

23d. LOCATION CITY OR TOWN

CITY OR TOWN

and that in (my) (per) opinion death occurred on the date and have and from the causes stated

STATE MARYLAND

STATE

BURIAL 24. FUNERAL DIRECTOR NAME

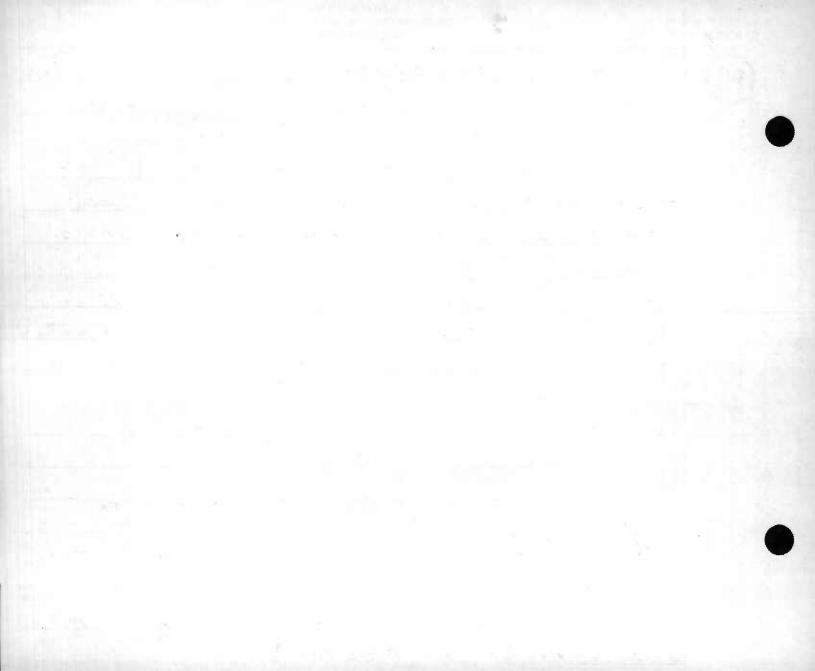
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DHMH-16 30M 2/80 (VRA 15, 4)

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21229 ADDRESS HUBBARD FUNERAL HOME 4107 WILKENS AVE BALTIMORE CITY

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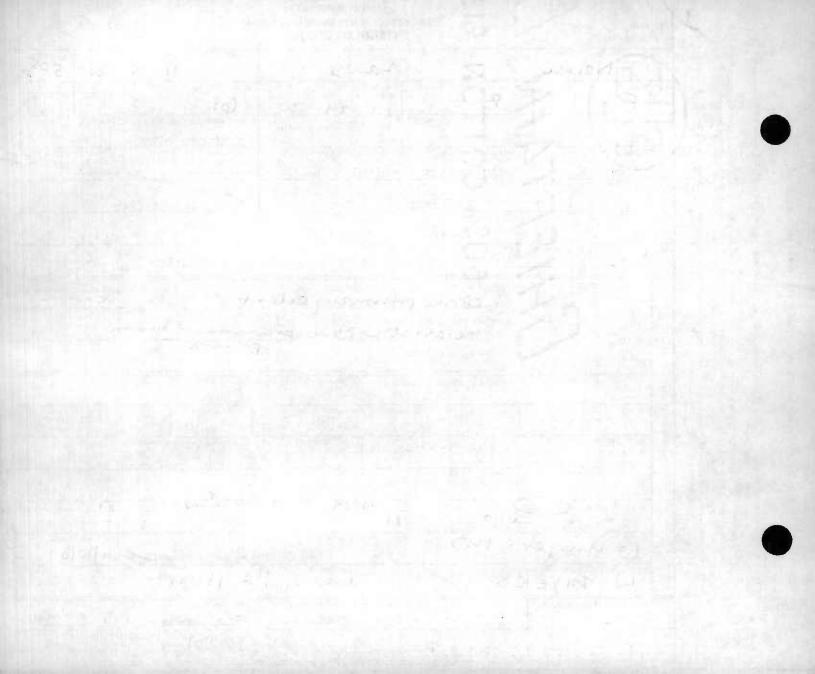


STATE OF MARYLAND FOR STATE REGISTRAR

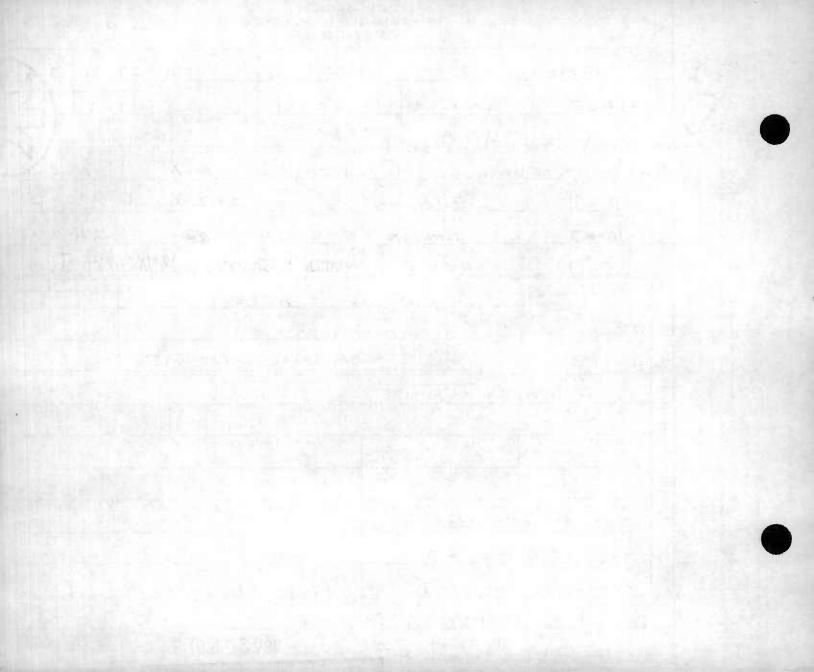
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1 DECEASED NAME FIRST	MIDDLE	LA	IST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR		
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3. SEX	4 RACE	5. DATE O			6. AGE (IN YEARS LAST I	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
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BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	? 8.			9 BALTIMORE CITY	OR COUNTY	OFDEATH			
Md	USA		NEVER			_				
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWED		VORCED	Baltimore		126 KIND C	OF BUSINESS OF		
Paltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)		,,,,,,,,,	(TYPE OF WORK FOR MOST			// BOSINESS OF		
Baltimore UAL RESIDENCE (IF NURSING HOME	University F	OSDITE	3T							
MG 13a STATE 13b CO	UNTY 13c CITY OR TOW	VN 1	13d. INSIDE C		13e STREET ADDRESS					
14 FATHER'S NAME	Baltimor	re	YES	NO 🗌	1608 Vin	cent C	ourt			
FIRST	MIDDLE LAST		13. MOTHER	S MAIDEN NA/	WE		LAS	ST		
James Le			Amelia			Lilei	Gilli	S		
16a WAS DECEASED EVER IN U.S. (1F YES, NO OR UNKNOWN) (1F YES,	ARMED FORCES? GIVE WAR OR DATES) 16b SOCIAL SECTION N/A		Amelia		2306 McCu					
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22b. SIGNATURE		D			MEDICAL ST.	AFF ICIAN 🔲	22c. DATE	I manage		
22d. PHYSICIAN'S NAME (IYP	E CORPRINT)	506 T	ld. Hus	· .						
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24 FUNERAL DIRECTOR William C. March	n F/H 1101 E. Nor		enue	250 DATE	E RECID BY RECEIPA	Physica.	AR SIGNA	URE		
		2.14				1				

DHWH-16 50M 1/81 (VRA 15, 4)



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		REGISTRAR			RI	EG. NO.	
/		GEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEA	ATH MONTH DAY	Y YEAR 26 HOUR
0/	/	JAMES	R	LAWSON	JR	11 27	1 //1
2/	3 SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS)	AST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
MU	Ja BI	RTHPLACE ISTATE OR FOREIGN 76.	BLACK CITIZEN OF WHAT COUNTRY?	10 /22	8 RAITIMOPE	YRS. YRS.	1 7
49		COUNTRY	US A	MARRIES NEVER MAI	RRIED	Baltimo	
Sto	10. C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITU	JTION 120 USUAL OCC	UPATION	126. KIND OF BUSINESS OR
3/	书	altimoreno	IF NOT IN SUCH FACILITY, GIVE STREET	1 1 1		MOST OF WORKING LIFE)	N. A
101	130. S		ER INSTITUTION, GIVE RESIDENCE BYORI	ADMISSION) (N 113d INSIDE CITY			
20		MD		ore YES & NO	0 23 2	Wincheste	nSt. Apt. F
200	14. FA	THER'S NAME FIRST MIDD	DLE LAST	15. MOTHER'S M	AIDEN NAME	DDIE	IAST
ALL		JAMES 1	Z LAWSO		ANN A	7	JOHNSON
1		VAS DECEASED EVER IN U.S. ARMET	R OR DATES)		JU JU	ADDRESS ACC	Mal of
1			NONE	· Journer	K. Jawson	628716	JUICTI SIL.
1	7	18 CAUSE OF DEATH Enter only on PART I. DEATH WAS CAUSED BY	v .				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		IMMEDIATE C	/ /	RDIAC	ARREST		
Na Property	-8	3200	DUE TO, OR AS A CONSEQUE				
90		Canditians, if any, which gave rise to immediate	(b) CON	PLICATION	SOF		
appendix of		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF BACTER	HAL MENII	VG171S	
		PART 2 OTHER SIGNIFICANT CON	(c)				LINI DART I
1	NO	PESPIRAT		and the same	THE TERMINAL DISEASE OR	CONDITION GIVEN	IN PART III
17	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORM	ED 200 AUTOPSY		WERE FINDINGS USED
87	CERTIFICATION				YES NO		NG CAUSES OF DEATH?
20	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJUR	RY OCCURRED (ENTER NATURE O		
17	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	19			
/	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION		ORTOWN	COUNTY STATE
	×	MHLE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, F	ARM, ETC) STREET	CIII	ORTOWN	COUNTY
		220.1 certify that (1) (this haspital)		NOV. S	19 81 , to NO	1. 27 19	\$1 , that (1) (we) last
8		saw the deceased alive an abave, (1) (we) (did) (did nat) vii	WOV 27 19 -	and that in (my) (au	or) apinion death accurred an	the date and haur a	nd Iram the causes stated
2		22b. SIGNATURE_		DEGREE			22c. DATE SIGNED
		Fourel H.	gox M.D.	ATTE PHY	ENDING MEDICAL /SICIAN DIRECTOR P	STAFF HYSICIAN 🗗	11/27/81
1 2		23' PHYSICIAN'S NAME (THE OFFE	00	22e ADDRESS			
APORTANT		LAUREZ G.	YAP M.D.	Unive	isity of Man	Vand Ho	spital
	23a B	URIAL, CREMATION, REMOVAL 2	3b DATE 27c P	AME OF CEMETERY OR CRE	MATORY 280 LOCATION		COLANIE
-		Burial	12-1-81 1	estview Men	1K.	130	Ito. Mid.
1781	24 EU	INERAL DIRECTOR	ADDRESS	669-1738	250 DATE REC'D. BY REGIS	TRAR 256 REGISTRA	INS SIGNATURE
	C	arton C. Vou	191955 1018	2 Penn Abe	MEN 20 188	appress)	Harry Million



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item #1 Film G561 11/13/81 rc

1 - STATE

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IMPORTANT: If them 21 is morked or Item 18

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGICUE

- STATE REGISTRAR		DEI ARTH		ICATE OF DEATH	REG.	NO.		60
I. DECEASED NAME FIRST	MI	DDLE		LAST	2a. DATE OF DEATH	монтн	DAY YEAR	2b. HOUR
Stepl	hen	J .	Leche	ert Sr	November	26, 1	1981	10 P. M
3 SEX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
Male	White		Nov 9, 1911		70	YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8		8 AA A DD IE	D W NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
Maryland	U.S.A. WIDOWE			Baltimore City				
Baltimore	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A NOrther	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired Roller Reth. S				
USUAL RESIDENCE (IF NURSING HOME OF 30. STATE 136 COU Maryland					13e. STREET ADDRESS 3522 E. Northern Pkwy			
4 FATHER'S NAME FIRST Joseph	MIDDLE	Lechert		15. MOTHER'S MAIDEN NAME HELEN	S _{widdf€}		? (AS	ī
60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	66 SOCIAL SECUE 213-07-		Mrs Stella		RESS	Same	
18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS	inly one couse per li ED BY: (TE CAUSE (o)	ne for (a), (b), and	lic my	occurded un	Parction		APPRÓXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR	AS A CONSEQUE Cora- AS A CONSEQUE	any.	artey !	disease		5	ylun.
PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION				NOT RELATED TO THE TERM	NAL DISEASE OR CO	20b. 1F YE	VEN IN PART 1(c	IGS USED

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NON

CITY OR TOWN

21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

COUNTY

YES

above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE

22a. I certify that (I) (this hospital) attended the deceased from

sow the deceased alive on

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

NO [

STATE

R. Donald Jandorf M.D.

22e. ADDRESS

7403 Harford Rd Baltimore, Maryland

and that in (my) (par) opinion death accurred on the date and hour and from the causes stated

23a BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Bntombment 11/30/81 23(NAME OF CEMETERY OR CREMATORY Parkwood Mausoleum

DEGREE

23d. LOCATION CITY OF TOWN

COUNTY STATE

24 FUNERAL DIRECTOR

160 WAS

CERTIFICATION

MEDICAL

Leonard J Ruck Inc. Baltimore, Maryland

80

Baltimore

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

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			.611
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2636 Toisearnton Nd.		.alisa	Jan Jan
	(Administration)	ged	Service S
this contact ma	hand making 1 to	5-45-5N	o'.
			Favores.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direstshould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16.50M 1/81 (VRA 15, 4)

LEWIS T. GWYNN

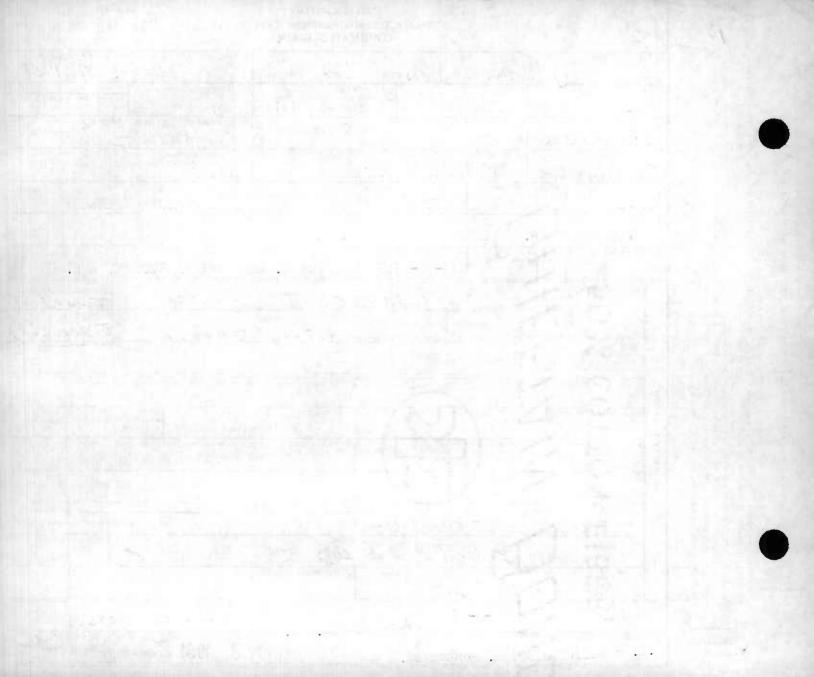
5	1	FOR STATE REGISTRAR		DEPARTM		EALTH AND F		0 ,	G. NO.	283	2 2
		CEASED NAME FIRST	THEW					20. DATE OF DEA		30 BY	26 HOUR 2: 00 PM
	3 SE	M	A. RACE	K	5. DATE O	F BIRTH	1904	6 AGE (IN YEARS L	YR		IF UNDER 24 HRS HOURS MIN.
3		VIRGINIA	USA		WIDOWE		ORCED .		WRE	CITY	MD
and the second	[3ALTIMORE	(IF NOT IN SUCH F	SPITAL, NURSING ACILITY, GIVE STREET AN	120	TAL	ITUTION	TYPE OF WORK FOR A		G LIFE) INDUSTRY	OF BUSINESS OR
35	130.	STATE 136 COL		BALILW		13d INSIDE C	NO 🗌	3705 (ess D ⊢UM	nous D	RWE
200		ATHER'S NAME FIRST DANTEL	MIDDLE	LAST		A	MAIDEN NA/	MID	300	PAG	
e medico		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	217-07-	7418	MRS.		ALEXANDE	DDRESS	ALLENDA	LE ST.
injury, or other troumatic ev	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b) DUE TO, OR A	AS A CONSEQUEN	NCE OF	(Mela	static	L melo Small	Cell ((a)	
ntus oun swo	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES YES			NGS USED OF DEATH?	
or Item 18 sp		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M.	MONTH DAY	YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NATURE O	F INJURY IN ITEM	18 PART I OR PART ?)	
is marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY , FACTORY, OFFICE, FAR		21f LOCATIO	N	СПУ	OR TOWN	COUNTY	STATE
Hem 21 is ma		22a.1 certify that (1) (this has saw the deceased alive pabove, (1) (we) (did) (did)			, on	d that in (my)	, 19 & (our) opinion (to NOV	he date and		
MPORTANT: #		Augustus	A OH	EMEN	K WI	22e ADDRESS	TTENDING PHYSICIAN [MEDICAL PHOLORICAL PHOLORICAL	11	SPITA	130/H
27		BURIAL, CREMATION, REMOVA	L 236 DATE	23c NA	AME OF CE	METERY OR C		234 LOCATION		COUNTY	STATE
-	24 F	BURTAL UNERAL DIRECTOR	12/5/8	MT	. AUB	URN CEN		BALT REC'D. BY REGIS		DEFRAR'S SIGNAT	MD.

4517 PARK HEIGHTS AVENUE

STREET, TO SELECT THE SELECT TABLE TABLE d Lak DU LINE 12/5/81 LT. NUSTEL CENT FOR THE TENT DEC 2 Mil Star Call

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10	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		REG. NO	2 8	J	2 3
oge 4 moy be freetor, poge 3 ours offer death	3. SE	CEASED NAME OR PRINT) K MALE RIHPLACE ISTATE OR FOREIGN	1 A RACE BLACK Th. CITIZEN OF	MIDDLE Ne	NOTA SPATE CO MONTH	DAY Y	914		MONTH DAY 11 2 HDAY) IF UT YRS		IF UNDER 24 HRS
hours ofter eath 1 J in by the funeral of be filed with 72 h	NO 19C	DRTH CAROLINA TY OR TOWN OF DEATH AL RESIDENCE (IF NURSING HOME OF	US 11. NAME OF (IF NOT IN SUIT	HOSPITAL, NI CHEACILITY, GIVE VIDENT	MARRIE WIDOWE URSING HOME C STREET ADDRESS! HOSPITA	R OTHER INSTITUTE	ED 12a	USUAL OCCUPATION PE OF WORK FOR MOST OF RETTRED	norc	Cil	MD F BUSINESS OR
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be execut on and ca		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?	166 SOCIAL 213-09	SECURITY NO. 3425	MAMMIE A	A. LEE	2842 1	ss PARKWOOI		MATE INTERVAL DISET AND DEATH
DIVISION OF VITAL RECOKDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retiteding physician. Wher this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1, and 2 should be filled in by os the buriol-transit permit. Then please remove carbon papers. Pages 1, and 2 should be filled in by or the buriol-transmit please is a strength or the property of	NO	PART I DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stoling the underlying couse last. PART 2 OTHER SIGNIFICANT (TE CAUSE (0) DUE TO, O (b) DUE TO, O (c)	OR AS A CONS	SEQUENCE OF	Auteo NOT RELATED TO TI	y	Deer 4	DITION GIVEN I	Yes Yes	ers (?)
SICIAN: The law regg physicion. certificate has been rial-transit permit. I em 18 shows any intern 18 shows any in	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	21b. TIME C	OF INJURY		21c. HOW INJURY		YES NO	20b. IF YES, WI IN CERTIFYING YES	G CAUSES]	
DING PHYSICIAN: or otherding phys are other this certificates of the buriel-tron clith and Mentel by morked or Item 18	MEDICAL	(IF ETHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	P. 21e PLACE	,M. OF INJURY REET, FACTORY, O	FFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOW	VN (COUNTY	STATE
TTEN Pitol TTOR for us of He		22a.1 certify that (1) (this hasp saw the deceased alive an obave, (1) (we) (did) (did no 22b. SIGNATURE	11-	2	19 <u>8</u> 1, ar	DEGREE ATTEN PHYSI	IDING _ M	to hoccurred on the do	F		
TO HOSPITAL OR A retoined by the has YO FUNERAL DIREC should be detoched with the Stote Dept.		Robert R	Kent	, ,,		22e. ADDRESS					
35H	24 F	NETAL CREMATION, REMOVAL SCHOOL AL UNERAL DIRECTOR	1		ARBUTU	EMETERY OR CREM.		BALTIMOI		ZY LANT) STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	E.	L. PHILLIPS 17	121 n. M	onroe.	st.	-4, 11	NOV:	3 1981	ponces	Jan/	father



			CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	HINOM	DAY YEA	2b HC	OUR
	be 3	TIAN	OR PRINT)	ABY C	GIRL		LEMO	N		Der HAR	10/20	/81	1 3	٨
	E Ange	3 SE	Х		4 RACE	Carlot No.	5. DATE (6. AGE (IN YEARS LAST BIE	THDAY)	IF UNDER 1 Y		DER 24 HRS
	(88)	1	FEMALE		BLAC	K	TO	/ 87	81 YEAR	NB	YRS.	MONTHS DA	2 HOUR	5 MIN
	1 100/21		RTHPLACE (STATE OR FO	REIGN	Th CITIZEN OF	WHAT COUNTRY	8	D NEVE	R MARRIED	9. BALTIMORE CITY C		Y OF DEATH		
	1 100		MD	e fr	US	A	WIDOWI		DIVORCED	BALT	IMORE	,		W
	1 11 3/1/		ITY OR TOWN OF DEAT	Н	11. NAME OF	HOSPITAL, NURSI	NG HOME (OR OTHER I	NOITUTION	12a USUAL OCCUPAT		12b. KIN	D OF BUSI	NESS OR
102	F 19 10	1.	ALTIMORE	1		ST. AGNES	HOSP	ITAL		None	W COMMING (1110031	IX I	
MARYLAND 2120	2 50 27	13a	AL RESIDENCE (IF NUMBER)	The COUN		134. CITY OR TOV		1 13d. INSID	E CITY LIMITS?	13e STREET ADDRESS	1 - 5			
ANG	る き は の <b< td=""><td>-</td><td>Maryland</td><td></td><td></td><td>Baltimor</td><td>e</td><td>YES 🔀</td><td>NO 🗌</td><td>163 S. f</td><td>lonas</td><td>tery A</td><td>ve 21</td><td>1229</td></b<>	-	Maryland			Baltimor	e	YES 🔀	NO 🗌	163 S. f	lonas	tery A	ve 21	1229
RYL	with with d 2 s	14. F/	ATHER'S NAME FIRST		AIDDI E	LAST		15. MOTH	ER'S MAIDEN NA	ME			LAST	
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ORE	Pages		VAS DECEASED EVER IN		MED FORCES? WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFOR	MANT	ADDRI	:55		150	
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, BALTIMORE,	cate ioper avol. nt, th		18 CAUSE OF DEATH PART I, DEATH WA	Enter only	y one cause pe	r pe for (0), (b), or	nd (c)	1100	. , 11			BETWI	EN ONSET A	ND DEATH
	ag ph Dang reme				E CAUSE (o)_	ITIN MI	06 K	YPW		LTIPLEX				
ON	death controls		1228		DUE TO, O	OR AS A CONSEQU	ENCE OF	0	DNGE	NITA				
RES	e dec		Conditions, if any,		(b)_			-						
×.	y the se rei crem		couse (a), stating underlying couse	the last	DUE TO, C	DR AS A CONSEQU	JENCE OF							
201	ed b pleas rrial,		DARI 2 OTHER SICAL	EICANIT C	(3)	CALIBRATING TO	DE ATH BUT	NOT BELL	TR TO THE YER.	NIV DISELES OF COLUMN				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	quire Sign Then to bu	NO.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
0	mit.	ATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED						200 AUTOPSY? 200. IF YES, WERE FINDINGS					
AL RE	an. has	CERTIFIC	N STEEL							YES TI NOT		IFYING CAU	SES OF DE	
VII.	Lygici dans	E E	210. ACCIDENT WAS UNDE		110110 1	OF INJURY	AV VEAD	21c HOW	INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART	2)	
9	ICIA B ph B ph indi- indi- indi- indi-	1 ×	OR CONTRIBUTING CA			.M. MONTH B	19							
O	his of the day	MEDICAL	21d. INJURY OCCURRE	D		OF INJURY	5 4 Day 5 7 G 1	211 LOCA	TION	CITY OR TO	WN	COUNTY		STATE
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	NDIP I ar Use use Health		22a I certify that (I) (this haspite	ol) attended t				, 19	, to		. 19		
3	Spiro CTO Lfor of h		saw the deceased above, (1) (we) (die	d olive on _ d) (did not	view the bod	cofter death.		nd that in (n	ny) (our) opinion (death accurred on the d	ate and ha	ur and from	the couses	stated
	or house or house or house or house or house or heart filtern filtern		17h HOLNATURE	0	91	0		DEGREE	ATTENIONIC	MEDICAL STA		22c. D/	TE SIGNE	D
	TAL RAL deto		1 hours		x/e	legic	/			MEDICAL STA	IAN	11	110/8	1
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	Pro F Should with 1								. Agnes H					
n or	175	730 5	SURIAL CREMATION R	EMOVAL	23h DATE	234	NAME OF C	EAAETERY C	D CREAMATORY	234 LOCATION				

FOR

- STATE

REGISTRAR

23b. DATE

/27/81

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

BURIAL

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

23¢ NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

NEW CATHEDRAL 4300 OLD FREDERICK BALTO., MD.

EDMONDSON AVE. BALTO. MD421988 Courses WITZKE F. HOME 1630

23d. LOCATION

250. DATEREC'D. BY REGISTRAR 25h REGISTRAR SEIGNATUR

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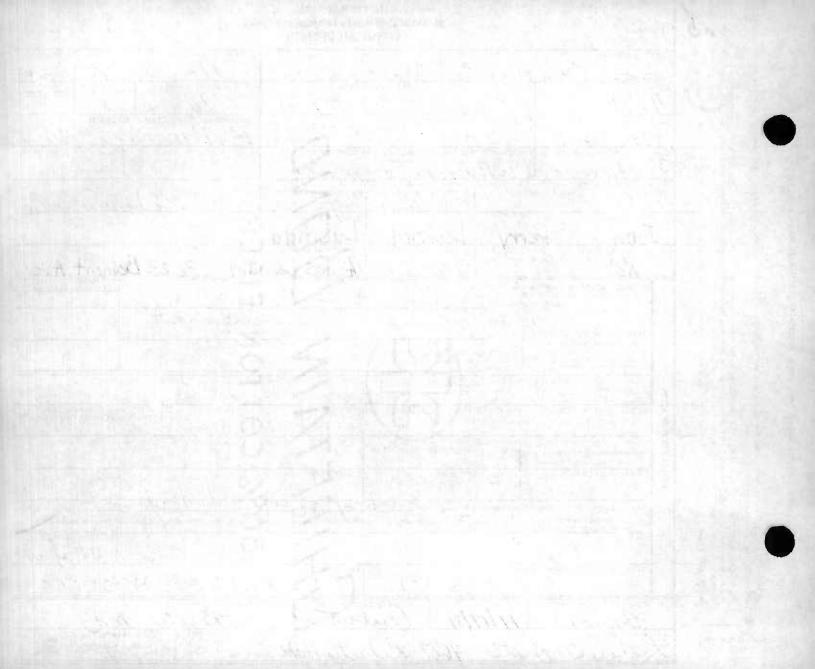
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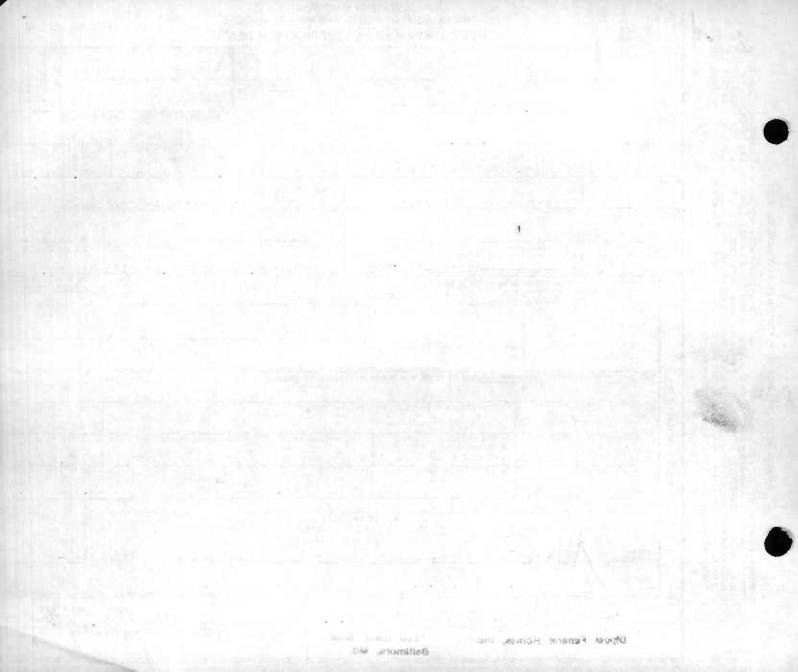
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1			STAT	E OF MARYLAND			
13	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	IENE & REG. NO	2 8 d	2 5
	DECEASED NAME	FIRST M	IDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
** **	Herbert	Dexnar	1. 601	nard	1/-	12-81	SICA DM
ART THE COURT OF T	Male	BIAC	S. DATE	OF BIRTH YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER TYEAR MONTHS DAYS	IF UNDER 24 HRS
1 C & B &	. BIRTHPLACE (STATE OR	FOREIGN 76. CITIZEN OF V	HAT COUNTRY? 8.	A WED WARDIED [9. BALTIMORE CITY OF	R COUNTY OF DEATH	
Co Salar	Manylan	d 451	A MARRIE WIDOW	ED DIVORCED	BAHIN	novec.	HU MD
filed with	BAHMO	VE LUIV	OSPITAL, NURSING HOME FACILITY, GIVE STREET ADDIREYS) POVAN HO	SDITAL	12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
filled in nould be	SUAL RESIDENCE (IF NUR	SING HOME OR OTHER INSTITUTION (SIVE RESIDENCE BEFORE ADMISSION) 130 CITY OR TOWN	136. INSIDE CITY LIMITS?	130 STREET ADDRESS	relmon	+ Au
and 2 st	John	Demo	Leoward	15, MOTHER'S MAIDEN NAV	WE	LA	ısı
D S O			166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	
s. Poges	(YES, NO OK UNKNOWN)	(IF YES, GIVE WAR OR DATES)	21305376	Pagnes Leon	and 30	23 Belmon	+ Ave
ysicio opera vol.	18. CAUSE OF DEA	TH (Enter only one couse per l	ine for.(o), (b), and (c).)	10	0 - 0	APPRO: BETWEEN	XIMATE INTERVAL LONSET AND DEATH
g phys on pop emovo event,	PARTI. DEATH V	MMEDIATE CAUSE (0)	Singooc	It myaca	dial		
or r	4100	DUE TO, OR	AS A CONSEQUENCE OF		inflance	H	
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Then plear to burio injury, or		NIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BU	NOTRELATED TO THE TERM		DITION GIVEN IN PART 1	(0)
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iene iene iene	<u> </u>				YES NO	YES	NO 🗆
- pm / A	OR CONTRACTOR	CAUSE OF DEATH HOUR A.A	A. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
. 70	(IF EITHER NOTIFY MED 21d. INJURY OCCUR		OF INJURY ET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
olth and morked	WHILE NOT W	HILE	EI, FACTORT, OFFICE, FARM, EIC	1		1	
	220.1 certify that (I	(this hospital) attended the	deceosed from	12/ 19.81	10	1957	that (1) (we) lost
of He	sow the deceo	sed olive on(did) (did not) view the body of	otter doub	nd the in (my) (our) opinion	death occurred on the do	te and hour and from the	couses stated
ltem	22b. SIGNATURE	did (did not) view the body of	mer geom.	DEGREE		22c. DATE	SIGNED
		Cognit _		ATTENDING PHYSICIAN	MEDICAL STAF		12/21
Sto Z	22d. PHYSICIAN'S N	AME (TIPE OF PRINT)		22e ADDRESS		14 th A	12/01
should be deto with the Stote [IMPORTANT: #	K	YAW N	YUNT	LUT	HERAN	1 HOSP	ITAL
- 5 3 4	30. BURIAL, CREMATION	, REMOVAL 23b. DATE	10 23c. NAME OF	CEMETERY OR CREMATORY	236. LOCATION	to find	STATE
7-19-1	4 FUNERAL DIRECTOR		101 100	. I 25a. DAT	E REC'D. BY REGISTRAR	15h SEE ISTRABLE NOWA	LATE _ a
30M 2/80	NAME NAME	a Divtt,	MADDRESS &	to theese	nv 1 6 1981	Manu Jan	Martha



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE FIRST 20. DATE KNOWN 2b. HOUR TTYPE OR PRINTI OF AY IS NECESSARY, PLEASE OTHE FUNERAL DIRECTOR. PAGE 3-FOR YOUR FILES. FILED WITHIN 72 HOURS 201-W. PRESTON STREET, ESTI-1981 DAVID LESKOVAR DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 24 HOUR 24 + 45 DATE LAST BIRTHDAY) PRONOUNCED 1,8 male white DEAD 23 YRS P 22 1957 Dec 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City WIDOWED DIVORCED Marvland U.S. FE MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGES 1, 2, AND 31 OTHER PE MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 1908 AND 2 SHOULD BAGE 1 HEATH AND MENTAL HYGIENE, DIVISION OCVITAL RECORDS, 2011 C, CREMATION, OR REMOVAL. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS FOR MOST OF WORKING LIFE) Baltimore University Hospital Prod. Line Labor Gen Mtr USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13L COUNTY 13a STATE 13c CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore NO T Maryland 7826 Collingham Drive Dundalk 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Albert Leskovar Gertrude Novak 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS 21222 (YES, NO, OR UNKNOWN) I LIF YES, GIVE WAR OR DATES 213-70-4507 Gertrude Novak 7826 E. Collingham Dr 18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cranio-cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 190 DATE OF OPERATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PRECUTE A SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PRAGE 3 SHOULD BE USED. A PATER DEATH, WITH THE STATE DEPARTMENT OF HE BALTJMORE, MARYJAMO, 21201 PRIOR TO BURIAL, (19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES X NOF 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY X OR UNDERLYING MEDICAL 2:05 xx 11-1-CONTRIBUTING CAUSE OF DEATH Operator in motorcycle/auto collision. 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) Md. NOT WHILE Balto. AT WORK road Portship Pl. & Yorkway AT WORK Autapsy 22a I certify that I took charge of the remains described above, held on Inspection Inquiry and in my apinion death resulted fram Accident Homicide Undetermined monner Notural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. TYPE OR PRINT ADDRES 230 BURIAL, CREMATION, REMOVAL 236. DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Nov 6. 81 Holy Cross P.N.C Cem Dundalk Baltimore BP 24 FUNERAL DIRECTOR Funeral Homes, Andss 7110 Belair Road **DHMH-17** (VR A15 ME (5)) Baltimore, Md

15M 2/80



FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

Imridoe Avenue LAST ADDRESS Gloria Knoepflre 1232 Elmridge Ave. APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 70h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN burial Ylenwood emetery Washington D. 24 FUNERAL DIRECTOR Ambrose Funeral Home, Inc. 1328 Sulphur Spring

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

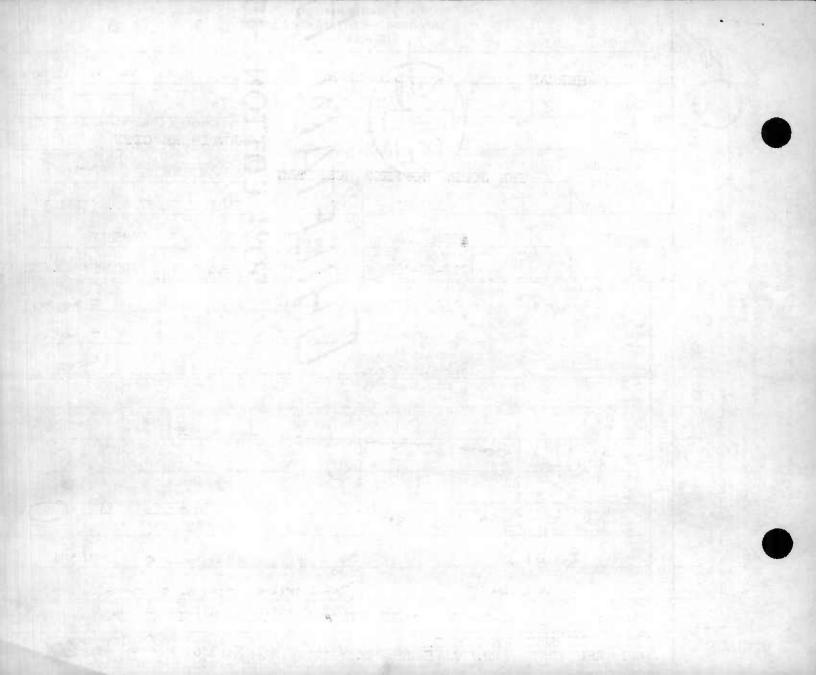
2b HOUR

17h KIND OF BUSINESS OR

own home

INDUSTRY

the supplement of heatstern and the 177 1880 - Build grown addition MCA and grown - Versia Rose



DEPARTMENT OF HEALTH AND MENTAL HYGIENE + STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST Nathan Lighthal'1 2a DATE OF DEATH 26 HOUR 1515 LIGHTHALL NATHAN 6 3. 5EX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOLAY) IF UNDER I YEAR F UNDER 24 HRS male CAY 78 HOURS June TO BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED Germany Baltimore City DIVORCED | IS CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY none timore Hookins HOSDI none JOUAL RESIDENCE (IF NUM 13e STREET ADDRESS Montgomeu Garthersburg 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDGLE an Godfrey 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 5458S925 E St. Ogden, Utah 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO DR UNKNOWN) (IF YES, GIVE WAR OR DATES) Don Lighthall (Grandfather) BY APPROXIMATE INTERVAL CAUSE OF DEATH Enter only one cause per line for lat. (b., and ic. PART I. DEATH WAS CAUSED BY. ardiac arrest DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which multiple trauma and gave rise to immediate bleeding cause (a, stating APR DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? none none NO YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DAY YEAR OR CONTRIBUTING CAUSE OF DEATH auto accident 198 LIF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE Montagm AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram_ 11-15 19 81 saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED MEDICAL ATTENDING FULLERAL
old be deta
h the State mo PHYSICIAN DIRECTOR PHYSICIAN MPORTAL 22e ADDRESS 0 23 BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION CITY OR TOWN 11/23 /81 Burial Washington Heights Oaden Wohon DHMH - 16 50M 1/B1 Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md. (VRA 15, 4)

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MEDIC/

STATE OF MARYLAND

REG NO 2g. DATE OF DEATH 26 HOUR 58 198 NOW 6. AGE (IN YEARS LAST BIRTHDAY) IFTINDER TYPAR IF UNDER 24 HRS 84 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY 13e. STREET ADDRESS 3100 ST. PAUL ST MIDDLE LAST JONES ADDRESS MRS. CLARICE L. TERRY 2619 POPLAR DR.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME (TYPE OR PRINT) LILLEY

MARY H. 4 RACE

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

IMMEDIATE CAUSE 10

WHITE

76. CITIZEN OF WHAT COUNTRY?

USA

5. DATE OF BIRTH

YEAR MAY 10, 1897

MARRIED NEVER MARRIED

WIDOWEDXX DIVORCED [11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION MEMORIAL HOSPITAL

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY

13c CITY OR TOWN BALTIMORE

166 SOCIAL SECURITY NO.

220-44-2713T

YES X

15. MOTHER'S MAIDEN NAME

NOF

134 INSIDE CITY LIMITS?

CLARICE 17 INFORMANT

EREBROVASCHLAR

MITEROSCIEROTIC CARDIOVASCULAR DOES

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6)

last

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED NOT

IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDIC AL EXAMINERS 21d INJURY OCCURRED 21e. PLACE OF INJURY

> NOT WHILE AT WORK

19 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

COUNTY CITY OR TOWN

NoW. 220 I certify that (I) (this haspital) attended the deceased from_ MOV. sow the deceased alive on NOV 3 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATU DEGREE

22d PHY NAME (TYPE OR PRINT)

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

LOUDON PARK CEM.

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DAJE SIGNED

UNION MEMORIAL HOSPITAL 23d LOCATION

STAFF

STATE MD

STATE

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

25.1981

23b. DATE

250. DATE REC'D.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH- 16 30M 2/80 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL

3 SEX

FEMALE

WEST VIRGINIA

I CITY OR TOWN OF DEATH

BALTIMORE

MD.

4. FATHER'S NAME

NO

ASTATE OR FOREIGN

MARSHALL S. BURDETTE

16g. WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate couse (o), stating the

underlying couse

190 DATE OF OPERATION

70. BIRTHPLACE

13g. STATE

COUNTRY

24 FUNERAL DIRECTOR

CITY OR TOWN

BALTIMORE

COUNTY

FOR STATE

3. SEX

1. DECEASED NAME

REGISTRAR

Elsie

June

4. RACE

Lewis

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

Endres Lilly

REG. NO. 20 DATE OF DEATH 26 HOUR 1981 November 20, 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR

	Femak	THW	TE	NO	v. 2,	1922	59	YRS	ONIHS DAYS	HOURS MI
S	70. BIRTHPLACE (STATE OR F		WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED -	9. BALTIMORE CITY	OR COUNTY C	F DEATH	
2		U	JA .	WIDOWE		VORCED	BHITI	noke c	184	
7	ROLLING DE		CH FACILITY GIVE STREET	ADDRESS) Ren. HOSPITAL		120 USUAL OCCUPAT	OF WORKING HEE	126. KIND OF INDUSTRY		
4	JUSUAL RESIDENCE (IF NURS	JOUTH	GIVE RESIDENCE BEFORE	0.0	M. MOS	VIGAT	HOUSE WI	fe	LOwn	Home
1	MARY/AND	A.A.	Pasade		13d INSIDE C	NO D	13e STREET ADDRESS	field Re	A PASAO	lena, M
	14 FATHER'S NAME	MIDDLE	LAST			S MAIDEN NA	ME		LAST	
	Thomas	D.				Ethel			Dye	
-	(YES, NO OR UNKNOWN)	ASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SEC (IF YES, GIVE WAR OR DATES) N/A 230-24-			CHARL	es lilly	on) ADDR , 5407 old		k Rd., E	Baltim
	18 CAUSE OF DEATH W	H (Enter only one couse pe	information and	Field	0		-		APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEAT
	11.00	IMMEDIATE CAUSE (o)	1 ulmon	ay	Edlen	e 1 c	ongestion	Sever	4	
	Conditions, if ony,		R AS A CONSEQUE	NCE OF	Car	anos	natosis	Leve	10	
	gove rise to imn couse (a), statin	nediote	R AS A CONSEQUE	1			2/11/1	0		
	underlying cause	last.	Lu	ng o	carin	oma	left lon	ver to	Lac	
		valiged o	ontributing to a	DEN'H BUT	NOT RELATED	TO THE TERM	Lines met	IDITION GIVEN	VIN PART 110	
	190 DATE OF OPERAL	TION 196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	208 AUTOPSY? YES ₩ NO	IN CERTIFY!	WERE FINDING	OF DEATH?
-	210. ACCIDENT WAS UND				21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF IN)	YES URY IN ITEM 18 PAR	(T I OR PART 2)	NO 🗌
	OR CONTRIBUTION C	CAUSE OF DEATH	.M. MONTH DA .M.	Y YEAR	- 4					
	21d INJURY OCCUR	RED 21e PLACE	OF INJURY	ARAA FTC 1	21f LOCATIO		CITY OR T	OWN	COUNTY	STATE
	AT WORK NOT WH	ILE I								
	220.1 certify that (1)	(this hospital) attended the	ne deceased from	111	d that in (my)	, 19 8 1	to 11 20	, 19) <u>81</u> , th	hor(I)(we) I
	23th SIGNATURE	harttha not sies the body	ofter deoth.		DEGREE		dedin occurred on the t	iore ond noor (27c DATES	
	15	do			10	ATTENDING PHYSICIAN [MEDICAL STA		11/20	181
	22d. PHYSICIAN SH				27e ADDRES	S			В	alto.
	Dr. St	even Eaton			Sout	h Balt	timore Ge	n'l. H	losp.	MD.
	230 BURIAL, CREMATION,	REMOVAL 236 DATE	23€. №	AME OF C	EMETERY OR	CREMATORY	23d LOCATION			

Meadowridge Mem.Pk Elkridge, Howard, MI Glen Burnie Date RECD By REGISTRANDE. REGIS

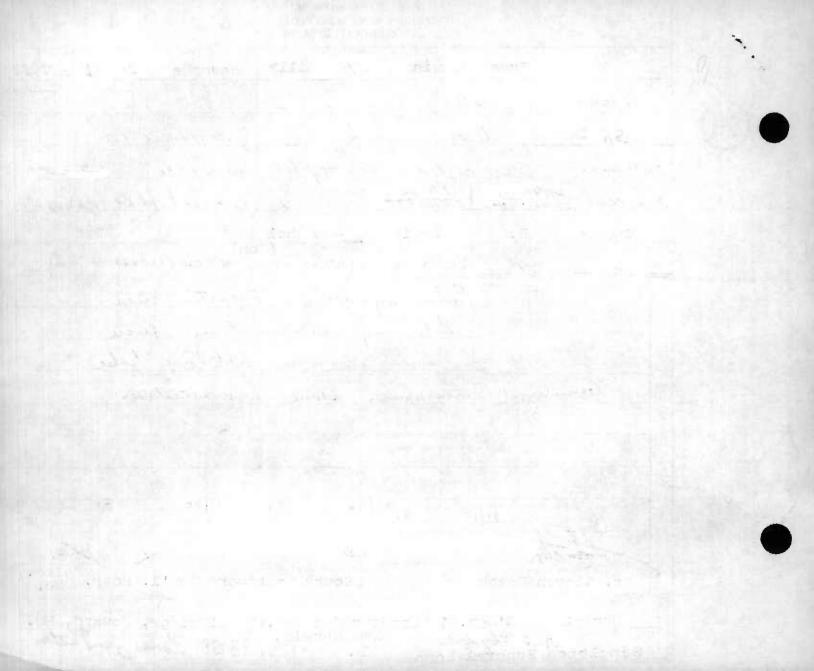
DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT:

Burial

Singleton Funeral

24 FUNERAL DIRECTOR



STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

							REG. NO.				
1. DECEASED NAME	FIRST	No literal	WIDDLE	L	AST		20 DATE OF DEATH MONTH	DAY	YEAR	2b. HOU	R
(TITE ON PRINT)	CHARL	ES	Ε.		LLOYD		11	29	81	1:05	PM
3. SEX		4. RACE	14.1.3	5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
Male	117	Whi	to	02	26	18	62	MONTHS	DAYS	HOURS	MIN.
To. BIRTHPLACE (STAT	F OR FOREIGN	76 CITIZEN OF				10	9. BALTIMORE CITY OR COU		ATH		
COUNTRY)				MARRIE	D NEVER		Baltimore				
West Virgi			A	WIDOWE	The same of the sa	IVORCED [MD.
	DEATH		CH FACILITY, GIVE S	JRSING HOME C STREET ADDRESS)	OR OTHER INS	HUHON	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		KIND C	F BUSINE	SSOR
Baltimore				ospital	March St.		Sheet Metal				
USUAL RESIDENCE (#	NURSING HOME OR		136 CITY OR	BEFORE ADMISSION)	134 INSIDE C	SZIMILYTI	13e. STREET ADDRESS				
Maryland	How	ard	Harwo		YES [NO 25	6343 Euclid A	venue	2	1227	
14 FATHER'S NAME					15 MOTHER	S MAIDEN NAM	ΛE	VCHUC	-	. 4 6 1	-
FIRST		AIDDLE T	LAST		. W.	FIRST	MIDDLE		LAS	T.	
Eugene 16a WAS DECEASED E		L.	L10	SECURITY NO.	Ma 17 INFORMA		ADDRESS				
YES NO OR UNKNOW		WAR OR DATES)	JOCIAL .	SECORITI NO.	17 SALOKWA						
No			1234-0	7-5631	Daisy	B. Lloy	d 6343 Euclid	Avenu	e, '	21227	1
18 CAUSE OF D	EATH Enter onl	y ane cause pe	r line for ial, (b	and ic.	-	. , ,			APPROX	MATE INTER	DEATH
PARTI. DEAT	_IMMEDIATI		Veut	ricula	AFI	bull	alion		Hou	15-	
571	5		RAS A CONS	EQUENCE OF	-					-0-	
Canditions, if	ony, which	(,6)	Parti	eller	vuns	12		17	7 011	oper	5 -
gave rise to	immediate) "					1 April 2 18 18 18	-	1		
cause (a), s underlying c		DUE TO, C	R AS ACONS	EQUINCEDE	o mi	200,4	, ,		51	1000	25-
DART O OTHER	SIGNATION AND S	(c)_	Nota	vacce.	5 / //4	num			7	e w	J
	SIGNIFICANT	ONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATEL) TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN I	PART 16	D	
190. DATE OF OP	EDATION	TIBL COND	ITION FOR WI	HICH OPERATION	AL MAC DEBEC	NA LED	20g AUTOPSY? 20b. IF	YES, WERE	CINIDA	105	
E IVO. DATE OF OF	EKATION	190 COND	IIION FOR WI	HICH OPERATION	N WAS PERFC	DKWED		RTIFYING			
E E							YES NO	YES [NO []
OR CONTRIBUTIONS	CAUSE OF DEAL	110110		DAY YEAR	216 HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR	PART 2)		
(IF EITHER NOTIFY	MEDICAL EXAMINER)		.M.	19	120						
(IF EITHER NOTIFY 21d INJURY OCC	CURRED		OF INJURY		21f. LOCATIO		CITY OR TOWN	co	UNTY		TATE
WHILE NO	OT WHILE	(AL HOME SI	REET, PACTORY, OF	FICE PARM EIC I	JINEE		CHIOMIONI			3	TAIL .
22a. I certify tha	(1) Ithis hospit	al) attended/th	ne deceased fr	om 19	74	19	to Novem	62 10 8	1	that (1) (v	we) Inst
sow the dec	ceased alive an	1111	5	m. I	nd that in (my)	(aur) apinion d	leath accurred an the date and	haur and fi		, ,	
abave, (I) (w	ve) (did) (did nat	view the bady	ofter death.		DEGREE					SIGNED.	
(h)	110-1	N	EN	0 m	11	ATTENDING .	MEDICAL STAFF	"	cel:	70/0	7/
Tu	us/	1	WIN	3 /11	VU s	PHYSICIAN L	DIRECTOR PHYSICIAN		1/0	110	1 -
/ /	S NAME (TYPE OR				22e ADDRES					0.1.0	
Br. Jan	nes Karn	es			1412	LaBelle	Avenue Bal	to.,	Md.	212	204
23a BURIAL, CREMATI	ON, REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	COUN	***		TATE
Burial		12-02	2-81	Crest I	awn Me	m. Gar.					
24 FUNERAL DIRECTO	R				21229		REC'D BY REGISTRAR 25	STRARE!	GNAT	My _	- 12
Hubbard Fu	neral H	ome In	ADDR			0	EU 2 1901	more	A Section	Magi	Gam
IIGDDALG I G	dictar II	ome, II	. 41U	, witker	is Ave.				17		

BP DHMH - 16 50M 1/B1 (VRA 15, 4)

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Total a many	bittage teeffile		. S. Johnson	
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DEPARTMENT OF REALTH AND MENTAL HYGIENE

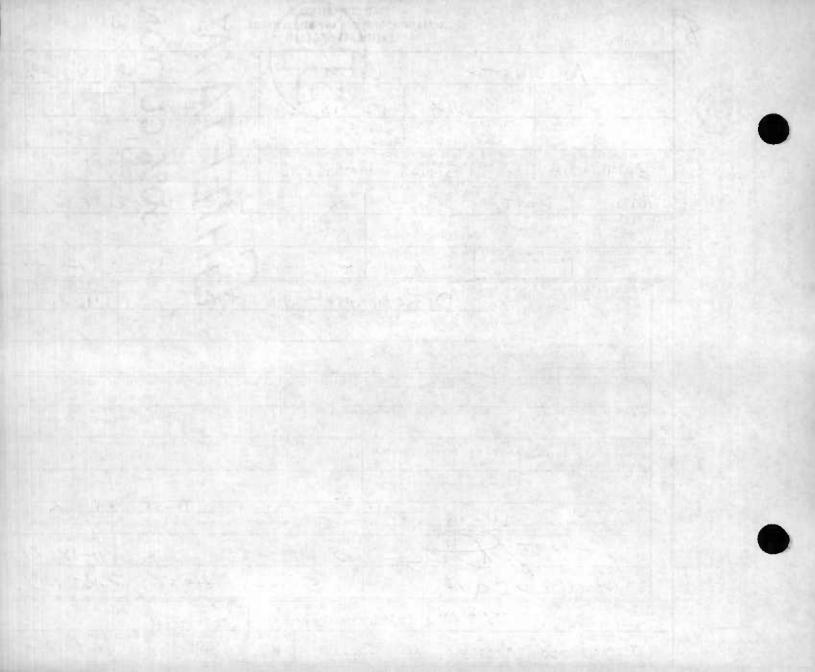
	1-	STATE REGISTRAR		OLI AKIII	CERTIF	ICATE OF D	EATH	REG. 1	4O.				
Я		CEASED NAME FIRST	MIDE	DLE	L	AST	0/4/1	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
H	,,,,,	ANTO	INETTE		6	OCKE	15	1300	11	18	81	1020	M
	3. SE>	(4 RACE		5. DATE C			6 AGE (IN YEARS LAST BI	RTHDAY)		ERIYEAR	IF UNDER 24 HI	_
	16	FEMALE	NEC	snot	MONTH 02	à	39	4	2 YRS	MONTHS	DAYS	HOURS MI	N
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8	N NEVED	**************************************	9. BALTIMORE CITY		Y OF DI	EATH		
У		Fla	USA		WIDOWE		ORCED	BALTI	MOR	6	city	37783	MD
	10 CI	TY OR TOWN OF DEATH	11 NAME OF HO		G HOME C	-		120 USUAL OCCUPA				F BUSINESS	_
2		BALTIMONE		SINA	it	tosp,-	TAL	(TYPE OF WORK FOR MOST	OF WORKING	LIFE) INL	DUSTRY		
5	13a. S	AL RESIDENCE (IF NURSING HOME OF		E RESIDENCE BEFORE		13d INSIDE CI	TY LIMITS?	130 STREET ADDRESS	Hum	TCI	IFF	DR.	
5	14. FA	THER'S NAME	MIDDLE	LAST	7-11		MAIDEN NAM	AE MIDDLE			LAS	ī	
	Al			ndrews		Evely	n	Model		Er	ving	U.S.	
	16a V	AS DECEASED EVER IN U.S. AR	MED FORCES? 16	b. SOCIAL SECUI	RITY NO.	17 INFORMAN	VT	ADDF	ESS				
K,	,	No	. WAR ON DATES,	N/A		Mr. Al	onzo J.	. Andrews :	2010 E	Hille	enwo	od Roa	d
	NO	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	DUE TO, OR A	S A CONSEQUE	NCE OF			AST CA.	NDITION G	IVEN IN		YR.	
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?	IN CERT			OF DEATH?	
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ATWORK NOT WHILE ATWORK 22a.1 certify that (1) (this hasp sow therdeceased alive an above! (1)) well (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME ITYPE C	P.M. 21e. PLACE OF JAT HOME. STREET tal) attended the attivities the body of	MONTH DA	ARM, ETC.)	211 LOCATIO STREET	N 19_81 our) opinion d	CITY OR TO CITY OR TO ABOUT A STA	wn - 18 dote and ha	cou 19 <u>S</u> our and f	UNTY		
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DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

Burial
24 FUNERAL DIRECTOR William C. March F/H 1101 E. North Avenue

Baltimore Md NOV 191981 James Jan Jacken

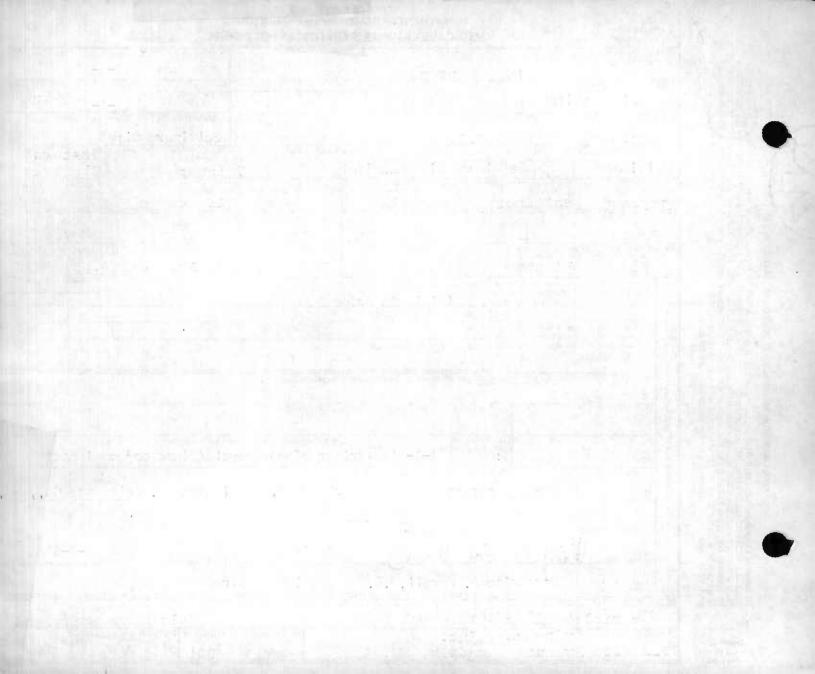


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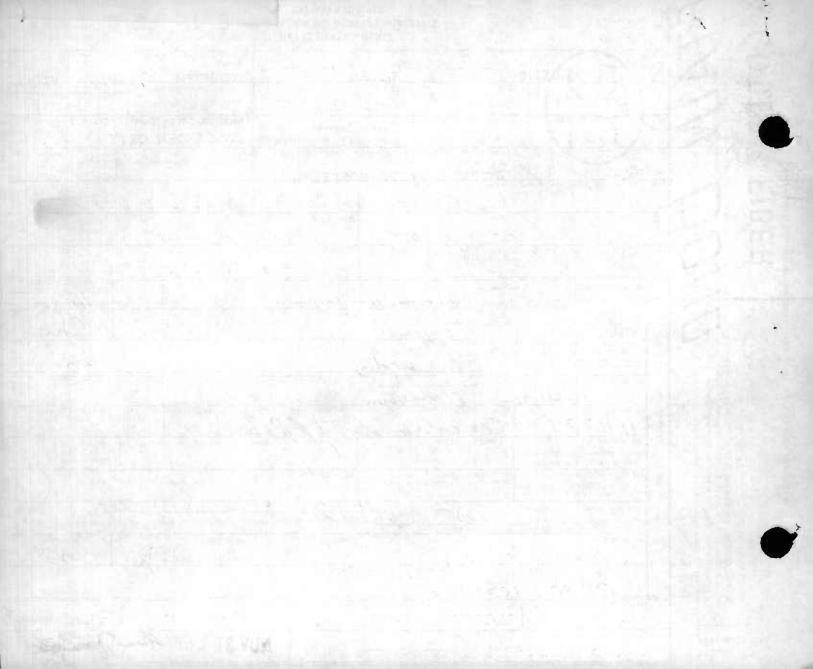
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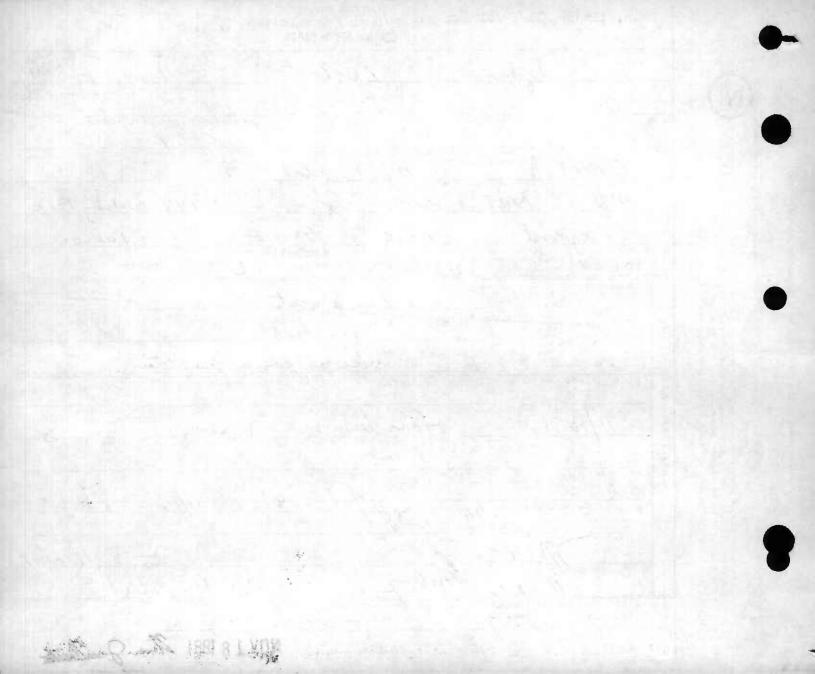
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWNXX (TYPE OR PRINT) ESTI-11-1-810 DEATH MATED BRIAN Eugene SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE t 35 M MONTH LAST BIRTHDAY) PRONOUNCED white male 9 DEAD 46 35 11-1-8119 Th. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY Maryland U.S.A. DIVORCED Baltimore City D. CITY OF TOWN OF DEATH 12n USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION WESCETTIVESS Baltimore City Hospital Baltimore Spinner Electric USUAL RESIDENCE (# IN NUMBER ME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN Baltimore Dundalk 215 Trappe Road Maryland YES [NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 1AST MIDDLE Love, Sr. James H. Mary Jean Mover T. PAGES 1 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS 215 Trappe Rd. (IF YES, GIVE WAR OR DATES) Vietnam 212-42-3647 Balto.MD.21222 Yes James H. Love, Sr. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, ATION, OR REMOVAL Multiple injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION TO MEDICAL EXAMINER: WRITING THE WORD "PENLE EXECUTE THE CERTIFICATE. WRITING THE WORD "PENLE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MET TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS AFIER BEATH, WITH THE STATE DEPARTMENT OF HEALT BALLMORE, MARYDAND, 21201 PRIOR TO BURIAL, CR. 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING WOR driver of motorcycle/fixed object impact CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY WHILE AT WORK street Yorkway nr. Mornington Rd. Baltimore Co.. 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Accident Undetermined manner ASSISTANT 11-1-81 SIGNATURE MEDICAL EXAMINER Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION (SPECIFY) Burial 11/5/1981 Oak Lawn Baltimore Maryland BP 24 FUNERAL DIRECTOR Duda-Ruck ADDRESS Inc. 25a. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATUR **DHMH-17** 7922 Wise Avenue Dundalk, MD.21222 (VR A15 ME (5) 15M 2/80



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1 -	ortol 10R	of H	2		saw the deceased of above, (1) (we) (did) (ive on	20	19 10/01	nd that in (my) (our) opinion	death occurred on the do	te and hour and fi	rom the couses stated
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,	0 g 5	sho	-	23a. F	BURIAL, CREMATION, REM			23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
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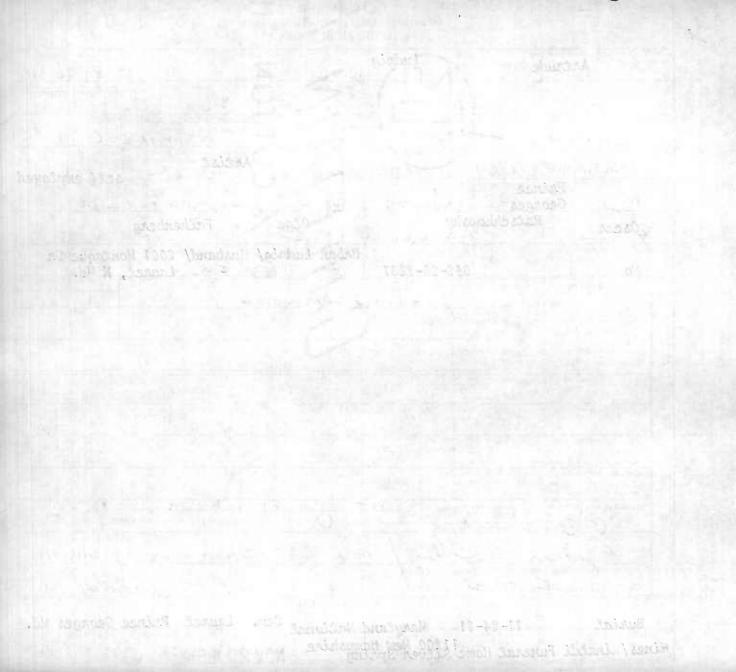


7		#14, FilmG561 11/19/81 kam DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 8 3 3	,
-0		REGISTRAR CERTIFICATE OF DEATH REG. NO.	
1	m 4	1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR (TYPE OR PRINT) Christopher / Uckett 11/16/8/83/1/2	2,4
(1)	VI)	3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 1. 9 YRS. 4. RACE 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 1. PART MONTHS DAYS HOURS MI MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS MONTHS DAYS MONTHS	86 N.
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ND 21201	must be fi	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 131 COUNTY 132 CITY OR TOWN 133 INSIDE CITY LIMITS? 132 STREET ADDRESS	
AARYLAND d within 24	and 2 sho	14. FATHER'S NAME PIRST 24 MODIE Chase NODIE 15. MOTHER'S MAIDEN NAME PIRST PIRST PURCELL	_
LTIMORE, A	Pages 1 o	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAL Lett ADDRESS (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 7/3-80-8944 Ada Duckett 3948 Wilsby Avenue	_
F., BALTII	physician npapers. t maval.	18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b). Co-sdusic assets.	Н
ESTON S	ottending ve carbo ian, ar re aumatic e	DUE TO, OR AS A CONSEQUENCE OF Crai death	
1 W. PRE	by the a ase remo I, cremat ather tra	gove rise to immediate cause (o), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF CIPCLE of Constant C	
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	5 50M 1/B1 15, 4)	William C. March F/H 1101 E. North Avenue	



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4 Pe		CEASED NAME FIRST APTILY	RUDE MID	Ludwic	NDW16	2a. DATE OF DEATH	MONTH DAY	YEAR 81	26 HOUR 12:30PM
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be execu		NAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, NO	GIVE WAR OR DATES)	6 SOCIAL SECURITY NO. 168-20-8237	Pdmiss,	ig/Husband/PRI	2001 Mon Laurel	taque Md	Dr
ysicia aper ival.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per lin	e for (a), (b), and (c)					NATE INTÉRVAL INSET AND DEATH
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by the hoo by the hoo ERAL DIRE e detached e detached State Depti		226. SIGNATURE	a ac	2 And	MD ATTENDIN PHYSICIA	IG MEDICAL STA		11 15	S/SI
O HOSPITAL efained by ti TO FUNERAL shauld be det with the State MPORTANT:		Cynnia F	URS71+0FF	N/	220 ADDRESS 22 S. (SLEENE ST.	BALTIM	n ope	MO
5 e r s 3 &	23a	BURIAL CREMATION, REMOV	AL 23b DATE	23¢ NAME OF	CEMETERY OR CREMATO	23d LOCATION	con	NIY	STATE
DD BP		Runial UNERAL DIRECTOR	11-24-8	1 Marylar	d National	Cem. Laurel	Prince (Georg	es Md.
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Item #76 Film G562 12/3/81 rc



Self-independent of the control of	oy be death	(TYP	CEASED NAME AKA JOSE	ph Paul P. L	waszewicz Jen	11-4-81	MONTH DAY YEAR 26 HOUR 5:30A. A
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DE SON STATE (TYPE OR PRINT) 220 ATRICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS 220 ADDRESS		157	saw the deceased alive on obove, (1) (we) (did) (did no	19	DEGREE ATTENDING	death accurred on the do	22c. DATE SIGNED
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- STATE

TYPE OF PRINTS

DHMH - 16 50M 1/B1

(VRA 15, 4)

REGISTRAR

I. DECEASED NAME

Beth Steel Grundy Street Litorelli Agnes Luongo, 207 S. Grundy St. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 724 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN STATE 11/14/81 Gardens of Faith Baltimore. Zannino Funeral Home, 263 S. Conkling \$t. NOV

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

November 11

26 HOUR

b. KIND OF BUSINESS OR

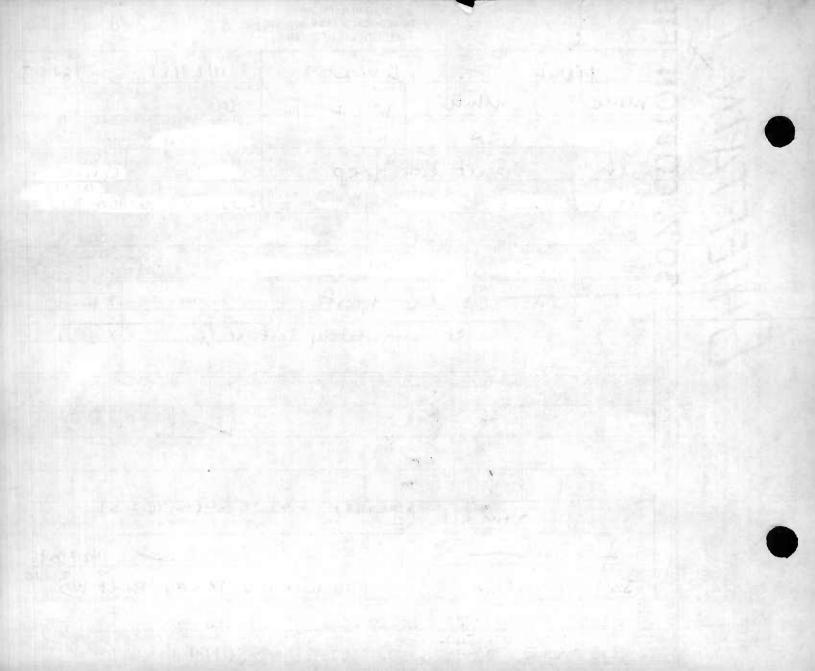
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1981

20. DATE OF DEATH MONTH

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TO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

retained by the hospital ar attending physician

IMPORTANT: If Item 21 is marked or Item 18 shaws any

injury, or ather troumatic event,

1	FOR - STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL H	YGIENE 8	283	al al
	CEASED NAME FIRST	MIDDLE	I	AST	20 DATE OF DEATH MONT	H DAY YEAR	2b. HOUR
1	D THOMAS	W	MCA	FEE	DOVEMBER	11. 1991	
3. SE	X 4.R	ACE .	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	1F UNDER 24 HRS
	M	W.	MONTH	63 19H	70	MONTHS DATE	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN 76 (CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
- CONT.	nn15511	11.5.A.	WIDOWE		BALTIMO	RE CITU	MD.
10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITA		ROTHER INSTITUTION	120 USUAL OCCUPATION		BUSINESS OR
B	ALTI MORE	M & R 7 4	HOS O:	TAL	TYPE OF WORK FOR MOST OF WOR	KING (IFE) INDUSTRY	1 1
USU	AL RESIDENCE (IF NURSING - MI OR OTHE				1 1125	15124	F 10.
100	0 /000	-	YORTOWN	YES NO NO	13e STREET ADDRESS	011 0.	- 0
14 E/	ATHER'S NAME	0. 110	CO SON	15. MOTHER'S MAIDEN	NAME	1001 80	FLU
-	FIRST	The same	LAST	FIRST	WIDDLE	LAST	
16a \	VAS DECEASED EVER IN U.S. ARMED	FORCES? JAN SO	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	Will	11AMS
	YES NO OR UNKNOWN) (IF YES, GIVE WA	R OR DATES)					
-	110	1150	1103501	I- AMI	M RECORDS		
	18 CAUSE OF DEATH Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CA	TIMA		FT MIDDLE	E CEREBLAL AS	2.TERY BETWEEN O	NATE INTERVAL NSET AND DEATH
	4340 Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A C		ARTERIOS			Mark I
	couse (o), stofing the underlying couse lost.	DUE TO, OR AS A C	FRACTOR		LTENSION.		
NOI	PART 2 OTHER SIGNIFICANT CON	L HEAR	T DISE	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	N GIVEN IN PART I o	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDING ERTIFYING CAUSES (YES []	GS USED OF DEATH? NO
	OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MC	NTH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITE	EM 18 PART I OR PART 2)	
MEDICAL	WHILE [] NOT WHILE []	P.M. 21e. PLACE OF INJUI (AT HOME STREET, FACTO		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK		111	. 70 0	11.11	-	_

saw the dece did not) view the body ofter death. (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

COUNTY

BURIAL, C (SPECIFY) 'ERAI 23b. DATE CREMATION, REMOVAL

TYPE OR PRINT)

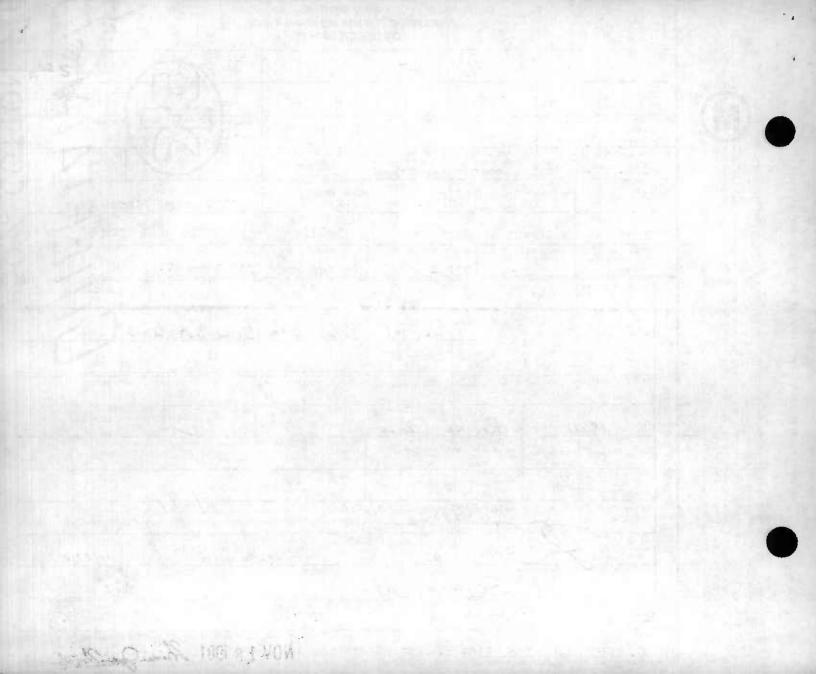
22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

BP. DHMH-16 50M 1/81 (VRA 15, 4)

RD. 24 FUNERAL DIRECTOR SOCHARFOR

22c DATE SIGNED



moy be

1 - STATE REGISTRAR

(TYPE OR PRINT)

COUNTRY

13a. STATE

CERTIFICATION

MEDICAL

d

18

marked or Hem

IMPORTANT:

Female

TO BIRTHPLACE ISTATE OF FOREIGN

Marylans

Baltimore

SUAL RESIDENCE (IF NURSING HO

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove rise to immediate cause (a), stating the

NOT WHILE 22a. I certify that (I) (this hospital) attended the d

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

22b. SIGNATURE

230 BURIAL, CREMATION, REMOVAL

underlying couse

18 CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY:

last PART 2 OTHER SIGNIFICANT CONDITIONS CON

Maryland 4 FATHER'S NAME

NO OR UNKNOWN)

John

10 CITY OR TOWN OF DEATH

3. SEX

DECEASED NAME Katherine

Si	ΓA	TE	OF	MA	RYL	AND	
- 4	-						ı

OR ATE GISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3	28845	
SED NAME Katherin	ne widdle	(AST	2a DATE OF DEATH A		
KATI	+ - 4 1 4 1	MACLAREN	NOVEMBER		
	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS	
emale	White	7 10 1981	4 month		
PLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	1? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
arylans U.S.A.		WIDOWED DIVORCED	BALTIMORE CITY MD.		
altimore	THE JOHNS HO	ING HOME OR OTHER INSTITUTION ET ADDRESS) PKINS HOSPITAL	12a USUAL OCCUPATIO	ON 126. KIND OF BUSINESS OR	
SIDENCE (IF NURSING HOME OR E NIL COUN Vland A.A.		WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	rwood Circle21403	
R'S NAME	co. minapoi	15. MOTHER'S MAIDEN NA		rwood Circle21403	
	D. MacLare	FIRST	WIDDLE	Delisle	
DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMANT	ADDRES		
O OR UNKNOWN) (IF YES, GIV	None	John D. Ma	cLaren Same	asl3e.	
CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), a	and icid		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSE IMMEDIAT	Since Birth				
711 PIMMEDIA		IAC FAILU		B)WEE 1011 (
726	DUE TO, OR AS A CONSEO	UENCE OF	bin Defel	1	
inditions, if any, which	(b) - now	Hent Ceps - Cic	him bere		
use (a), stating the derlying cause last.	DUE TO, OR AS A CONSECU	UENCE OF DEFORMING			
OT 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	ADAM DISSUES OF COMP.		
Respir	aton Fa. D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART TO	
DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED	
11/13/81	Pulm. Art.	Hypertenson	YES Y NOT	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)	
ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
CONTRIBUTING CAUSE OF DEA		DAY YEAR			
EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19			
HILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE	
	tal) attended the deceased from	1010-10 19 81	11/19	10 81 45-4 (1) (1-1) [-4	
saw the deceased alive an above, (I) (we) (did) (did no	16/14 10	CA	death occurred on the date	e and haur and from the causes stated	
SIGNATURE RIC	have SE	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA		
PHYSICIAN'S NAME (TYPEO	5. Lemons	mo Juhns X	topken Ho:	sp. H. Dagt. Pedates	
AL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	2000	
Cremation	11/16/1981 G	Green Mount Cemeter		e, Maryland	

BP DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Balto., Md. 21222

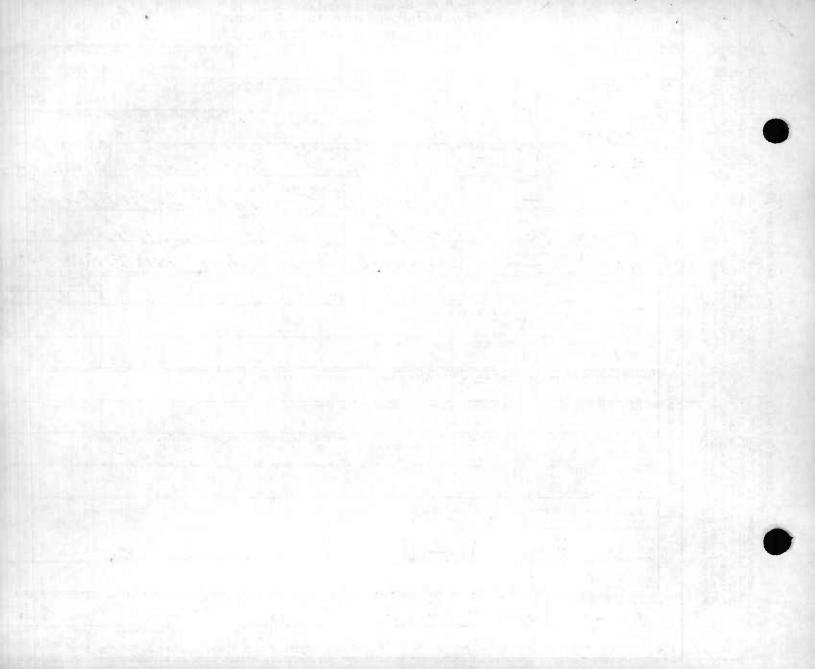
NOW TO 1881 OF VON

FOR 1 - STATE REGISTRAR		DEPARTMENT OF HEAL DICAL EXAMINER'S		C3 C fice	8 8 4 7
1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST	20. DATE KNOWN XX MI	ONTH DAY YEAR 26 HOUR 10-31-81
	DONALD ACE 3. DATE OF BIRTH MONTH DAY 8	MA I ERS YEAR 10 MA I ERS IF LAST BIRTHDAY) MC 7/1/2 YRS.	UNDER 1 YR. IF UNDER 24 HOURS MI	HRS. 2c. DATE MC	00 10 40 YEAR 26 HOUR 5: 12 am
70. BIRTHPLACE (STATE FOREIGN COUNTRY)	U.S.A.	Who	RRIED NEVER MARRIED	□ Baltimore Ci	ty MD.
Baltimore	e Unive	PITAL, NURSING HOME, OR C CILITY, GIVE STREET ADDRESS) ORSITY HOSPITA		II. USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING LIFE)	WORK 12b. KIND OF BUSINESS OR INDUSTRY
Md.	NURSING HOME OR OTHER INSTITUTION, GIVEN 136 COUNTY	13c. CITY OR TOWN Balto.	YES YOU	STREET ADDRESS 3305 Walbrook 1	Ave.
14. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
160 WAS DECEASED EV (YES, NO. OR UNKNOWN) Unkn.	/ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 212-28-8413A	17. INFORMANT	ADDRESS	
gove rise couse (o) sto- lying couse to	if any, which to immediate ting the under- DUE TO, OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART 1	(a).	
190. DATE OF OP	ERATION 196 CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES XX NO
UNDERLYING X CONTRIBUTING 21d. INJURY OCC WHILE N	CXOR 50.00 PM CAUSE OF DEATH P.M URRED 216 PLACE C STREEL, FACT	MMONTH DAY YEAR 10-30-8-1 DEFINJURY (ATHOME, 216.	subject fell of tocation size Walbrook A	CITY OR TOWN	county maryland state
22a. I certify the deoth resulted for ACTUAL SIGNATURE	nat I taak charge of the remains des rom: Natural couses ,	cribed obove, held on Aut Accident XX Suicide C	Assistant	Undetermined monner ,	my opinion DATE 10-31-81 SIGNED
EXAMINER'S NAI	Margarira A.		ADDRESS	nn Street	
23a BURIAL, CREMATION (SPECIFY) Remova 24. FUNERAL DIRECTOR		23c. NAME OF CEMETERY		3d LOCATION CITY OR TOWN (D. BY REGISTRAR 250 REGISTAR)	COUNTY STATE
Anatomy	ADDRESS	Balto., Md.	NOV 2	0 1981 frame &	

		500	The state of the s	STATE OF MARYLAND	u i	9 2 1 6 3
	1 - STATE REGISTRAR REGIST					
	1 DE		T WILLIAM		REG. NO	
à (A)	(TYP	CEASED NAME ROBERT	WILLIAM V	MAIN	/ /	81 DAY YEAR 26 HOUR
moy May	3. SE	X	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I YEAR IF UNDER 24 HRS
oge 4		MALE	WHITE	MONTH DAY YEAR 11 21 81	1 day	YRS. DAYS HOURS MIN.
th. P	/a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		COUNTY OF DEATH
deo deo	to c	ITY OR TOWN OF DEATH	11, NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	BALTI	MORE CITY MD.
s often		BALTMORE CITY	HE NOT IN SUCH FACILITY, GIVE STREET		TOFAN	
d in H	USU 13a	AL RESIDENCE (IF NURS HILL AND CONTACT	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		4 HINNT
n 24		MD FRE	DERICK FREDE		Box 61050	QUINN RD
withi d 2 sl	14. Fz	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA		FREDERICK M>
omp lond		ROBERT L.	MAIN	JR. BETH	Net	MALLABY
exect ond coges	160. \		MED FORCES? 16b SOCIAL SECU		ADDRES	55
be sign of the second of the s		NO	N/A	MEDIUM NE	comos, TA	ANFEL NOTE
ficate physic pape noval ent, t		PART I. DEATH WAS CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certh ling p ir rem ir cev		MILLI O IMMEDIAT	E CAOSE (O)	texa forthe A	RESIA	- day
ttend ve co ian, c	13	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	DIO RESPIRATORY	ARREST.	
the d	0	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE		7/0/000	
that by sose ol, cra		underlying cause last.	(c)	INCE OF		
uires the gned b en pleas burial, rry, ar a	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE JERM	INAL DISEASE OR COND	ITION GIVEN IN PART 110
requestration of the second of	<u>S</u>	MOBA			RICLE	
os be sermi	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
N: The hysician consit p Hygier Hygier 18 show	ERTI	21a. ACCIDENT WAS UNDERLYING	1 216 TIME OF INJURY	216 HOW INITIAL OCCUP	YES X NO	YES NO
A do to to to		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA		KED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
HYSIC Iding Is cer burio Ment	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION		
G Phen attent	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE, F.		CITY OR TOW	N COUNTY STATE
or or see of the ealth			tal) attended the deceased from	11/22 19 31		22 19 81 that (1) (we) last
portol for cof H		nbow (we) (did) (did no	1122 19 8	ond that in (my) (our) apinion	death accurred on the dat	e and hour and from the causes stated
OR A ched ched ched them		22b. SIC NA LUJE	0.1	DEGREE		221. DATE SIGNED
TAL O'Y the RAL D'Actor detocording to Tr. If		Warles	Edevand of		MEDICAL STAFF	ANN 1/22/8/
HOSPIT, and by the Sto ORTAN		22d PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS	11	
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:		CHARLES E	DWAND LEE			IL DEAT REDS.
	23a. E	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY easan Hill Cemeter	23d. LOCATION	, Frederick, Maryland
BP		INERAL BIRECESH TO	-1 11	1 N. Market St 25 PAI		
DHWH - 10 20W I\RI	- 1	ert E. Dailey		derick, Md.21701		TO THE STATE OF TH

1100 12 part part plant with the More than the man to the second of the secon HELVELL STREET The malesta the THE RESERVE OF THE PROPERTY OF PID PERMISS FRANCES ACCEPTED THE REST OF THE PARTY AND THE PARTY BOLK YOUNG, COLLEGE PROTES IN 6.3 provide him discord CAMB DAY SHAREN YOURSEL Mobile Committee Committee of the Accept Black Construction of the Section of CHANCE FOR THE WASSIN HOTELS SENT REED Berlin Marine William Control 122 name of Little Land The following of the fo

	T - STATE REGIS	TRAR		DICAL EXAMIN	HEALTH AND MENTA ER'S CERTIFICATE	OF DEATH REG. N	
ASE OR. LES. EET.	1. DECEASE	JC	SEPH	WIDDLE	MALECKI	20. DATE KNOWN (OF ESTI- DEATH MATED X	11-12-84 M
ESSARY, PLEASE FRAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS RESTON STREET,	male	4 RACE white	5. DATE OF BIRTH	- 23 SPY	MONTHS DAYS HOURS	DEAD	11-17-84 6:53F
ECESSARY, LINERAL DIR FOR YOU! THIN 72 ESTON	FOREIGN	MRYLAND	76. CITIZEN OF W	S.A.		DRCED Baltimor	e City
3	Ва	townofdeath Ltimore	11437 SUET	FORT AVENU		120 USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE) 50248174 641	PEOF WORK 12b KIND OF BUSINESS OR INDUSTRY ARA DETECTIVE Aferra
AND 3 RETAIN HOULD RECORD	130. STATE	DENCE (IF IN NURSING HOME		130 CITY OR TOWN	13d INSIDE CITY LIMIT		FORT AVENUE
BALTIMORE, MD. S. AFTER DEATH GIVE PAGES 1.2 ITH FORM PM 3. PAGES 1 AND 2.5 INISION OF VITAL	14. FATHER	Alexande	MIDDLE	MATELK		ella MIDDLE	MARKOW SKI
JRS AFTER SIVE PARENTH FOR WITH FOR IT PAGES 1 DIVISION	160. WAS D	CE ASED EVER IN U.S. AR DRUMKNOWN) (IF YES, GIVI	MED FORCES? WAR OR DATES)	215-14-89	83 Flering	MADDRES 17 17 15	
ST.,	18 C	AUSE OF DEATH (Enter of		e for (o), (b), and (c).) Cirrhosis of	fliver		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST. D WITHIN 24 HOU FENCIL IN ITEM 18 WAINER ALONG V WITHIN TERMIT FENTAL HYGIENE, OR REMOVAL.		Conditions, if any, which	DUE TO, O	r as a consequence (DF		
201 W. I		ouse (a) stating the <u>under</u> ying cause last.		R AS A CONSEQUENCE	OF.		
ECORDS, D BE EXECT ENDING" MEDICAL AS A BUR SALTH ANI CREMATIC		DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	8UT NOT RELATED TO THE TERM	INAL DISEASE DR CONDITION GIVEN I	N PART 1 (c).	
HOULD RE PEN PEN PEN PEN PEN PEN PEN PEN PEN PE	190. D	ATE OF OPERATION	196 COND	ITION FOR WHICH OPER	ATION WAS PERFORMED?	BEST KINDS	20. AUTOPSY? YES ₩ NO □
DIVISION OF VITAL RECORDS, 201 W. PRESTON 1. THIS CRITICATE SHOULD BE EXECUTED WITHIN 24 H 2. WRITING THE WORD "FENDING" IN PENCIL IN ITEM 2. WARDRED TO THE CHIEF MEDICAL EXAMINER ALON 1. PAGE 3. SHOULD BE USED AS A BURIAL. TRANSIT PRE 5. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN 5. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	UND	XTERNAL CAUSE WAS ERLYING OR TRIBUTING CAUSE OF		M. MONTH DAY YEAR	21c. HOW INJURY OCCU	RRED LENTER NATURE OF INJURY IN ITEM 1	
DIVISION HIS CERT WRITING WARDED AGE 3 SHATE DEPARTED FROM HISO 1201 PRI		NJURY OCCURRED LE NOT WHILE (AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
AINER FICATOR CTOR H THE L'AND	deo	M.	ge of the remains de		AutopsyXX, Inspecicide , Homicide TITLE (SPECIFY	Undetermined monner	DATE 1 1 - 18 = 8 1
TO MEDICAL EXAMENCED EXAMENS THE CERTIFICATION OF A SHOULD E TO FUNERAL DIRE AFTER DEATH, WITH A SHOWNE, MARY IN THE SHOWNE, M	(TYPE	NINER'S NAME OR PRINT)Mat	garita A	Korell, M.D	ADDRESS 1 '	1 Penn Street	
401 BP	(SPECIFY)	BURINI AL DIRECTOR	11-21-8		stray Cometen	ATE REC'D. BY REGISTRAR 1250. REC	
DHMH-17 (VR A15 ME (5)) 15M 2/80	Ch 41	Ples L. STeven	S FUNCKAL	Hene, Jac. 1501	E. FERT AVE, NO	V 24 1981 ZARRE	Jean Tarthen



23b DATE

Dippel Funeral Homes, Inc.

Nov 9, 1981

MIDDLE

- STATE

LEVER ON BROWN

REGISTRAR

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

(SPECIFY)

DHMH - 1 . 50M 1/81

(VRA 15, 4)

DECEASED NAME

STATE OF MARYLAND

CERTIFICATE OF DEATH

23c NAME OF CEMETERY OR CREMATORY

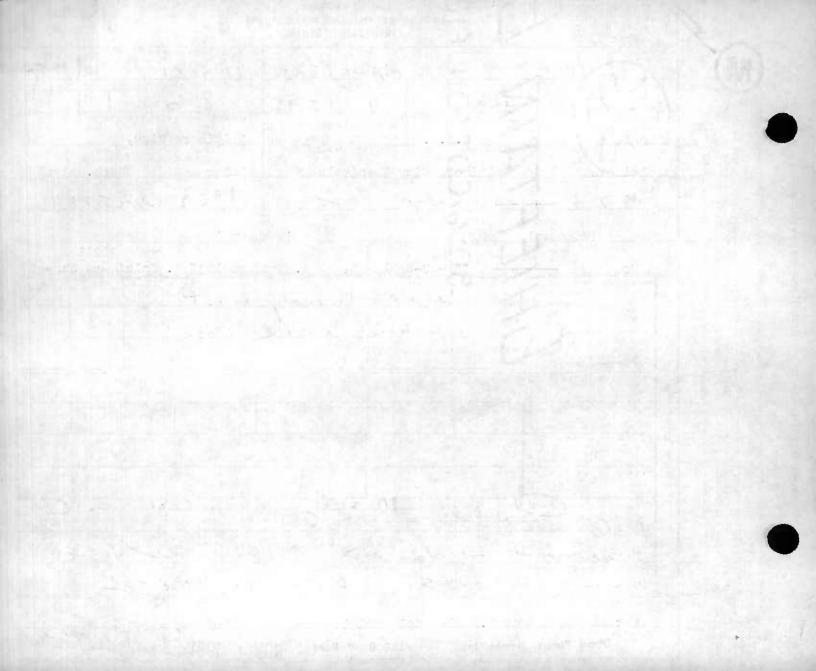
Holv Trinity Cem

7110 Belair Road

Baltimore, Md

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2ª DATE OF DEATH MONTH 2h HOUR & AGE (IN YEARS LAST BIRTHDAY) YRS **BALTIMORE CITY OR COUNTY OF DEATH** Baltimore City 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Beth. Steel 13e. STREET ADDRESS MIDDLE ADDRESS 21231 Baltimore Street 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES T NO [CITY OF TOWN COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 226 DATE SIGNED 23d. LOCATION STATE

198

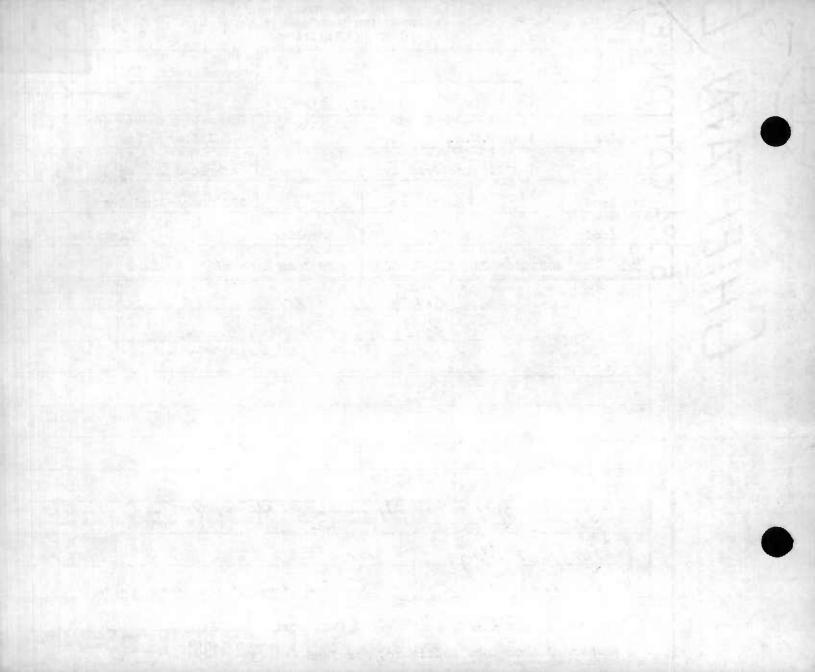


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 52 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Manti John G November 19, 1981 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS White Feb 22, 1918 Male 63 BIRTHPLACE LATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland U.S.A. Baltimore Citu WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2721 Beechland Ave (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Asbestos Worker WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY 134 CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore Maryland 2721 Beechland Ave 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME and 2 s MIDDLE MIDDLE Nicola Cimaglia Manti Angelina 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Pages YES, NO OR UNKNOWN) NNXNN WW 212-09-5698 Mrs Jean A Manti Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (b), and (c) PART I, DEATH WAS CAUSED BY: PRESTON ST IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF METASMINE BROWNEGOVIC Conditions, if any, which SOUDMOUS gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO burial-transit p NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) this hospital) attended the deceased from sow the deceased alm (our) opinion death occurred on the date and hour and from the causes stated obove (Wwe) (did (did no) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR PHYSICIAN 22e. ADDRESS d b THE JOHN HORENS HOSPITAL ONDERSON 23g. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) COUNTY STATE 11/23/81 Moreland Mem. Park Burial 24 FUNERAL DIRECTOR

Leonard J Ruck Inc. Baltimore, Maryland

DHMH - 16 50M 1/81

(VRA 15, 4)



	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENT

AL HYGIENE

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	DEC NO				

R	REGISTRAR				CERTIF	CATE OF DEATH	REG. NO	D.		
1. DECE.	ASED NAME	GORDON		HOMAS		ANTLER	26. DATE OF DEATH	MONTH D	, 1981	26 HOUR
	Male		White		5. DATE O		6. AGE (IN YEARS LAST BIR	YRS	IF UNDER I YEAR	IF UNDER 24 HR HOURS MIN
Ma	HPLACE (STATE Pyland		U.S.A		WIDOWE		9. BALTIMORE CITY O Baltimo			٨
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospital or

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cishoold be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

Burial

24 FUNERAL DIRECTOR

1050 York Road

NOV 16 198

Ruck Towson Funeral Home, Inc. Towson, Maryland NOV 16 198

NOV 16 198 24 FUNERAL DIRECTOR

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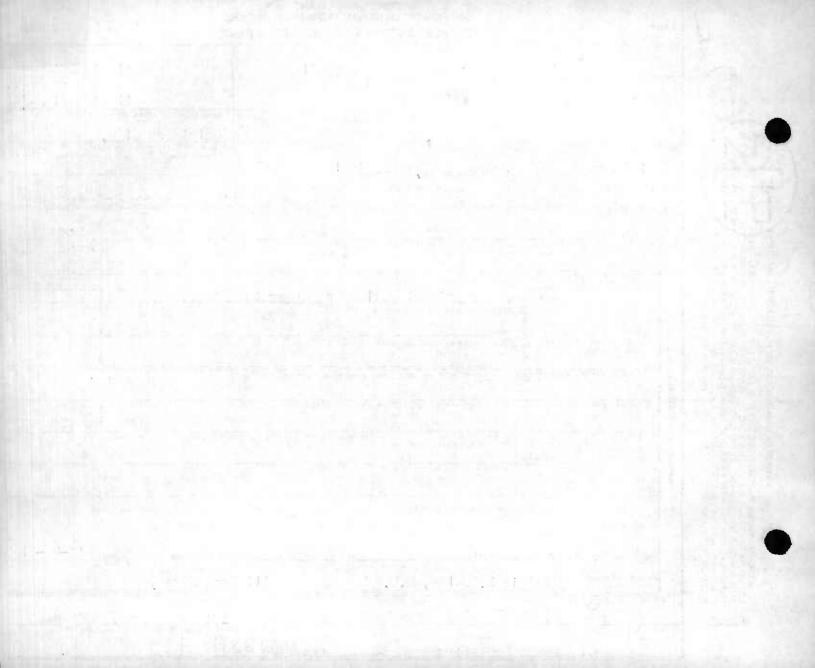
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STATE OF MARYLAND

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a. DATE KNOWN XX 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Helen Marshal 191981 Scott 4. RACE 6. AGE (IN YEARS 3. SEX . DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR 5:31 MONTH LAST BUTHDAY PRONOUNCED 54 19 Black DEAD Female 1981 YRS To. BIRTHPLACE (STATE OR FOREIGN COUNTRY Va 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWED DIVORCED Baltimore City II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY ES 1, 2, AND 3 TO 1 PM 3. RETAIN PA NND 2 SHOULD BE F FYITAL RECORDS, 7 Baltimore Johns Hopkins Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md YES X NO [1522 E. Brentwood Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VITA MIDDLE LAST MIDDLE LAST FIRST Scott Scott Hyman Laura Harris 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b SOCIAL SECURITY NO Newark N.J. (YES, NO, OR UNKNOWN) N/A Stewart Laura 378 Wainwright St APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) F MEDICAL EXAMINER ALONG W ED AS A BURIAL - TRANSIT PERMIT, HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES [] KXON 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 211, LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK InspectionXX 220. I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my opinion Natural causes Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) ACTUAL Assistant DATE 11-20-81 SIGNATURE. EXAMINER'S NAME Virginia L. Dolan. M.D. III Penn Street 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 11/25/81 Lincoln Memorial Portsmouth 250. DATE REC'D. BY REGISTRAN 146 REGISTRANIS A SHALL NO. NO. 23 1981 24. FUNERAL DIRECTOR **DHMH-17** William C. (VR A15 ME (5)) March F/H 1101 F 15M 2/80

STATE OF MARYLAND



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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	20000
1 DECEASED NAME FIR	ST MIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 25 HOUR
VEE	J.	MARTIN	NOV	. 17, 1981
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
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BALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI LONG GREEN NU		12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y DESIGNER	
	OME OR OTHER INSTITUTION GIVE RESIDENCE BE COUNTY 130 CITY OR TO BALTIN	FORE ADMISSION) OWN 10RE 128 INSIDE CITY LIMITS YESXX NO		VEDERE AVE. APT. M
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		
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19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
	OF DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY	
OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	N COUNTY STATE
sow the deceased ali		n, 19, 19, and that in (my) (our) opin		, 19, that (I) (we) lost e and hour and from the causes stated
Jew Jew	Jelasser.		MEDICAL STAFF	22c DATE SIGNED
22d PHYSICIAN'S NAME	TYPE OR PRINTS	1220 ADDRESS		

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Hem 21 is morked or Hem 18 sho

24 FUNERAL DIRECTOR

BURIAL

23a BURIAL, CREMATION, REMOVAL

6 cASJEN

NOV. 19,1981

23c NAME OF CEMETERY OR CREMATORY DRUID RIDGE CEM.

23d LOCATION
CITY OR TOWN
PIKESVILLE

BALTO. MD MD.

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MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

23b DATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR Items 8,13a,b,c,e.
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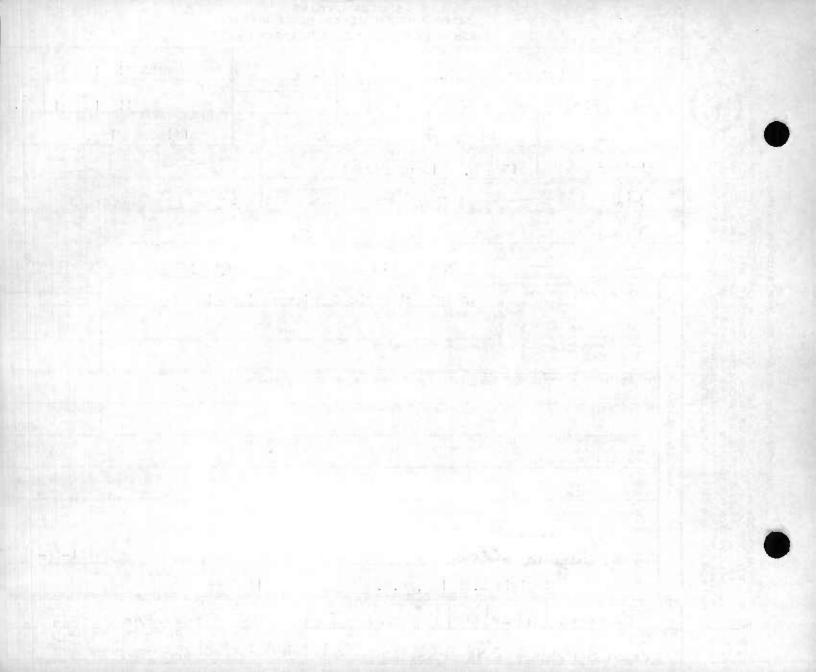
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10		FOR STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 /
1 19		CEASED NAME FIRST OR PRINT) AMANDA	A.	MASON	20. DATE OF DEATH MONTH DAY YEAR 26.	HOUR 1/3
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TTEN Pitol TOR: for us		27a. I certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) v	19		, to, that a death occurred on the date and hour and from the cause	(1) (we) lo
At OR ATTEN the hospital AL DIRECTOR detached for u ofe Dept. of He IT. If Hem 21 is	1	22h SIGNATURE MOSS	Celieur	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	NED
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9	REGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DEA	TH REG. NO.	
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EE CR. AS		William E.	Masters	DEATH MATED []	5 1981 M
STATE	3. SEX 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS IF		2c. DATE MONTH PRONOUNCED	DAY YEAR 2d HOUR
S S S S S S S S S S S S S S S S S S S	male white	Feb. 12, 1948 33 YRS.	MIN.	DEAD 11	5 1981 2:56
CESSARY, PLEASE UNITED DIRECTOR. S. FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET.	Le-BIRTHPLACE ISTATE OR	17b. CITIZEN OF WHAT COUNTRY2 8		9. BALTIMORE CITY OR COUNT	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FOREIGN COUNTRY) Md		RRIED NEVER MARRIED DIVORCED	Baltimore Ci	+11
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E ASESSO		to. Halethorpe		2 Hopkins Ave.	
- KR	14. FATHER'S NAME	.000		. Hopitalis Ave.	
F 252	FIRST	MIDDLE	15. MOTHER'S MAIDEN NAME	MIDDLE	LAST
A See See		Edward Masters	Mary	L. Fish	er
N PAR	(YES, NO, OR UNKNOWN) I JIF YES, GIV	E WAR OR DATES)	17. INFORMANT 3412	Hopkins Ave. Ba	lto. Md
A SI	yes //96	8 214 48 1226	Mrs. Mary L. Me	aster 212	30
ST., BALTIMORE, MD. 31201 HOURS AFTER DEATH IF ANY DELAN 118. GIVE PAGES 1.2 AND 3 USIN TO SENT PARTY OF WITH FORM PM. 8. RETAIL PARTY PAR	18 CAUSE OF DEATH (Enter a	nly ane cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL
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* VARALINO	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MOUD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IT "PENDING" IN PENCIL IN 17EM 18. GIVE PAGES IF MEDICAL EXAMINER ALONG WITH FORM PN 3ED AS A BURIAL - TRANSIT PERMIT. PAGES I AND 2 SHEATTH AND MENTAL HYGIENE, DIVISION OF WITAL IN, CREMATION, OR REMOVAL.	7 2	(c)			
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# G # G # G # G # G # G # G # G # G # G	(TYPE OR PRINT)	Hormez R. Guard, M.D.	ADDRESS 111 Penn S	treet, Balto., MD	21201
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTORY AFFER DEATH, WITH THE ST. P BALTIMORE, MARKAND, 2	23a.BURIAL, CREMATION, REMOVAL				
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DI THIS (PAGE 3 STATE DI 2, 21201 I	<	AT WORK	NOT WHILE C	1								
P. W.	ST. ST.		220 1	Abad lasal abasa	(4	scribed abave, held an	Autop		ion XX In				
2 € 8	P H N			,	170						nd in my op	Jinion	
BE BE	Z E Z		death resulte	d fram: Natu	ral causes 🐰	Accident,	Suicide	, Homicide L	Undetermin	ed manner,			
2 9 9	5 ≥ 5		ACTUAL	11.	YA	1.		Assistan	+		DATE	11-16	0.1
CAL EXA THE CER SHOULD	A H W		SIGNATURE_	Ulrain	in de	un	M	D. 122121911	MEDICAL	EXAMINER	SIGNE	D 11-16)-01
DE 4	223	=-	EXAMINER'S	NAME VI		Dalas M.			111 D				
EXECUTE WE	TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		(TYPE OR PRIN	4T) VI	rginia L.	Dolan, M.I	J.	ADDRESS	-	Street			
528	E E E	23a. Bl	JRIAL, CREMAT	TION, REMOVAL 2	3b DATE	23c. NAME OF C	EMETERY C	RCREMATORY	23d LOCAT	ON	COUN	NTY S	TATE
150/BP	7.9	1	The same of the sa	URIA!	11/20/8	1 GARD	EN	of Eterna	Hone	DEER	PARK	, Md	0.54
DHAL	1 17	24. Ft	NERAL DIREC	TOR	Appare			25a. DAT	E REC'D. BY REG	ISTRAR 25b. REG	ISTRAR'S S	IGNATUR5	
(VR A15		1).	PNON	RRD.	PAL RUS	N. Calh	مبيام	STINO	V 1819	81 deserce	60)	in laster	N.
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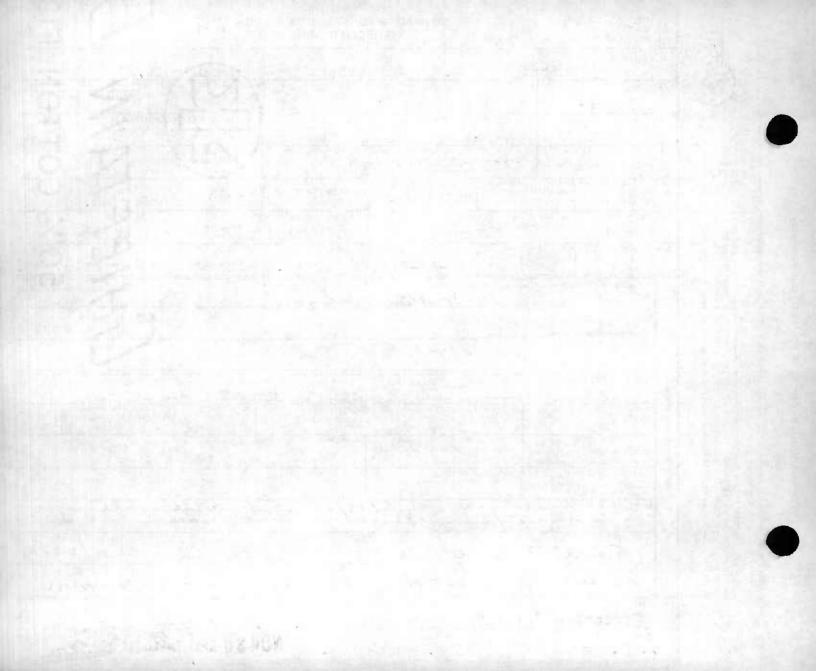
IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar other traumatic event, the

DHMH - 16 50M 1/81 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE S REG. N	2	8 3	6 0		
	DECEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		DAY YEAR	2b HOUR		
1	Vash	ti	M.	Ma	tthews	Novembe	r 26,	1981	M		
3 5	EX	4 RACE		S. DATE C		& AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
L	Female	Bl	ack	MONTH	9 21	60	YRS.	MONTHS DATS	HOURS MIN.		
70	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	- Marine	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city of Baltime	OR COUNT		MD		
10.	Baltimore		HOSPITAL, NURSIN CHEACILITY, GIVE STREET Grantle		or other institution ad	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST		126. KIND C INDUSTRY	OF BUSINESS OR		
130	UAL RESIDENCE (IF NURSING HOME O I. STATE MD		130. CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS? YES MO	13e. STREET ADDRESS 3409 Gr	antl	ey Rd.			
p 14.	FATHER'S NAME FIRST_	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM			IAS	NI.		
1	Carl	N	Murphy		Vashti			Turle	У		
160.	WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	5920			
	Yes no or unknown) (IF YES, GI		216-16-	9230	Robert W. 1	Matthews	3409	Grant	ley Rd.		
	18 CAUSE OF DEATH (Enter o	nly one cause pe	r line for (a), (b), one	d (c).)	,			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Multiple Selensing						6.	yı.			
	3400 DUE TO, OR AS A CONSEQUENCE OF							0			
	Conditions, if any, which (b)										
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
	underlying cause lost.										
_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
CERTIFICATION	Chroni Union Truct Insection + Decembration Wenn										
7 8	190 DATE OF OPERATION 196 CONDITION FOR WHIC			H OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF			20b. IF YE	S, WERE FINDIN	NGS USED		
1 1						YES NO X			RTIFYING CAUSES OF DEATH? YES NO		
	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
N N	OR CONTRIBUTING CAUSE OF DE										
MEDICAL	21d. INJURY OCCURRED		OF INJURY	nu ste i	211. LOCATION STREET CITY OR TOWN			COUNTY	STATE		
>	AT WORK NOT WHILE AT WORK	(AL HOME 31	REET, FACTORT OFFICE, F.	RM EIC)	J. Commission of the Commissio				517112		
	20.1 certify that (1) (this hospital) attended the deceased from 5/29/81, 19, to 11/36, 1981, that (1) (we) last										
	saw the deceased alive on 10 7 19 19 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not view the body after death.										
	276. SIGNATURE DEGREE							22c. DATE	SIGNED ,		
	Roland J. Smoot on D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D							111	27/81		
1	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS								21216		
	ROLAND	T. Si	MOUT, M	. D.	2300 GAL	CRISON B	LVD.	BALTE	MD		
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION					
-	Cremation	11/2			iew Mem. Pk	Baltin	2020	COUNTY	STATE MD		
	FUNERAL DIRECTOR				250. DAJE	REC'D. BY REGISTRAR	25b 80 6151	RAR'S SIGNAL			
V	Vm. C. March	F/H 1:	101 E. N	orth	Ave.	1861 ng A	Man	Spanie	Carollen		



Zannino Funeral Home, 263 S. Conkling St.

- STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Concesses Concesses

.a.w. bmalvzaM

Raymond Nottson

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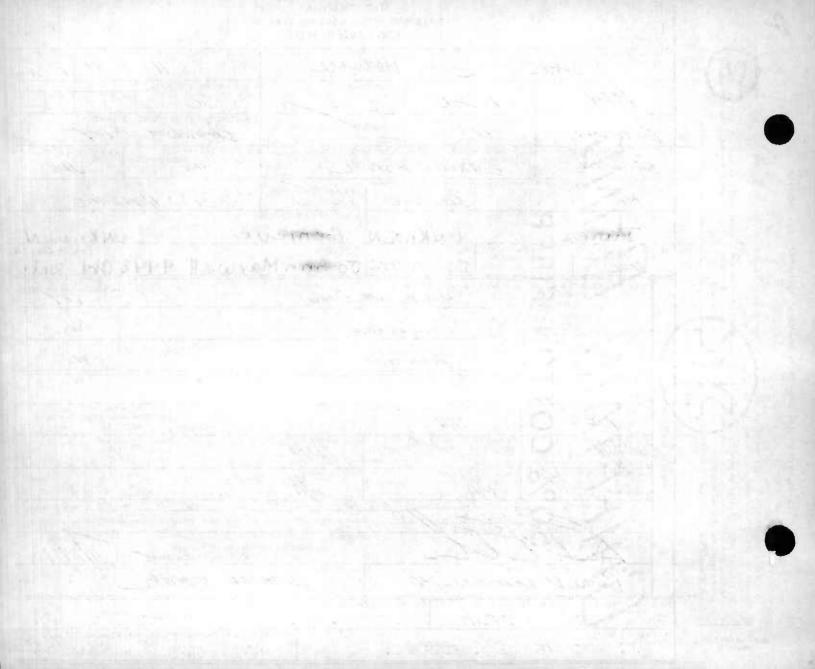
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213-01-0335 | Marre C. Mattern, Jr. 8239 Column t.

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Sounding Runeral Home, 250 o. Conkling St.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 2h HOUR Gordon Sr. 18 30 Maver 4 RACE 5. DATE OF BIRTH 1.5EX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS March 6, 1920 Male White 61 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Balto. Md. USA BALTIMORE CITY DIVORCED IX WIDOWED 0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12s. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Sales Good Humor Co. BALTTMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS. Paul Street Md. NO F 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST Bertha Sommers Frederick Mayer ADDRESS 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-18-5001 Mrs. Patricia C. Miller Spring Grove Pa.

	nly one couse per line for (o), (b), and (c).)		BETWEEN ONSET AND DEA
PART I. DEATH WAS CAUSE	TE CAUSE (a). Cardias arry Wine		
IMMEDIA	TE CAUSE (a) COO TOURS WORLD TO THE	<u> </u>	
1/1/10			
7/47	DUE TO, OR AS A CONSEQUENCE OF 1	2:0	
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF WON disea	te) (,Ht	
	(b) <u>rectifying</u>	30,011	
gave rise to immediate couse (a), stating the			
underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF		
oliderlying couse lost.	(ASCUD		
	107		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)
2			
19g. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED

21b. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21f. LOCATION

CITY OR TOWN

COUNTY STATE

IN CERTIFYING CAUSES OF DEATH?

NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased olive on.

22b. SIGNATURE

21d INJURY OCCURRED

abave, (1) (we) (did) (did not) view the bady after death

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21e. PLACE OF INILIRY

ATTENDING

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED 81

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

DEGREE

Burial

24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

23g. BURIAL CREMATION, REMOVAL 236. DATE Nov.5,1981 23r. NAME OF CEMETERY OR CREMATORY Evergreen Memorial 23d. LOCATION Finksburg, Md.

STATE

Eline Funeral Home Reisterstown, Md. 21136

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O. Miller Englar Cross I	Moretal . The	138 m 5 m 3 m 5		0.7

	REGISTRAR ECEASED NAME	FIRST	WE	MIDDLE	ER'S CERTIFICAT	2a. DA1		MONTH DAY YE
(1)	PE OR PRINT)	Howard	d ~		Mayo	Or Or	TH MATED	11 15 19 8
3 SE	X	4. RACE 5.	DATE OF BIRTH	6. AGE (IN YEA	RS IF UNDER 1 YR. IF UN	IDER 24 HRS. 2t. DA	A I E	AONTH DAY Y
. 1	Male	White	3 22	YEAR LAST BIRTHDA			OUNCED AD	11 15 198
7a. 8	SIRTHPLACE (ST		b. CITIZEN OF WI		MARRIED NEVER M	9. BALT	IMORE CITY OR C	COUNTY OF DEAT
	lashingl	on	U.SA				Itimore C	of tv
10. 0	ITY OR TOWN	OF DEATH 1			, OR OTHER INSTITUTION	12a USUAL OC	CUPATION (TYPE OF	WORK 126 KIND O
3	Baltimo	ore !		Itimore Gen	eral Hospita	FOR MOST OF V		OR IND
030		(IF IN NURSING HOME OR C	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSION 13c. CITY OR JOHN	DN)		DESC 4.	1:11
5	M.d.	ISB. COOKIT		Balto.	YES NO		10/5	Light.
14. F	ATHER'S NAME		MIDDLE	A a JAST a	15 MOTHER'S M	AIDEN NAME	MIDDLE	no a last
2	EUGEA	UE I		MAYO	Dell	a	/1	16 Quir
160.	WAS DECEASED YES, NO, QR UNKNO	DEVER IN U.S. ARME	D FORCES?	166. SOCIAL SECURITY		P1:11.	ADDRESS	0.1
_	NO	ne	•)	220-72-68	63 Laura	Mulup	1213	legy ?
	18 CAUSE O	F DEATH (Enter only o	one couse per line	for (o), (b), and (c).)				APPROXI BETWEEN C
	PARTIDE	ATH WAS CAUSED B	BY:	ontonolonot	ic cardiovas	outon dian	200	BETWEEN
	11/01	IMMEDIATE		AS A CONSEQUENCE C		cural disc	430	
	1 Candish	ns, of ony, which	DOE TO, OK	AS A CONSEQUENCE C				
	Condition							
-	gove ris	se to immediate	/ (b)					
-	couse (o)	stating the under-	< ',	AS A CONSEQUENCE O	DF .			
		stating the under-	< ',	AS A CONSEQUENCE O	DF			
	couse (o) lying cau	stating the <u>under</u> - se last.	DUE TO, OR		OF NAL DISEASE OR CONDITION GIVEN	IN PART 1 · q		
NO	couse (o) lying cau	stating the <u>under</u> - se last.	DUE TO, OR			IN PART 1 · a		
ATION	couse (o) lying cau	stating the <u>under-</u> se last.	DUE TO, OR (c) NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI		IN PART 1 · a		20 AUTO
IFICATION	couse (a) lying cau PART 2 DIHER SIG	stating the <u>under-</u> se last.	DUE TO, OR (c) NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN	IN PART 1 · a		
ERTIFICATION	PART 2 OTHER SM	stating the <u>under-</u> se last.	DUE TO, OR (c) NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN		F INJURY IN ITEM 18 PART	YES
AL CERTIFICATION	PART 2 OTHER SM	stating the <u>under</u> - se lost. CHIFICANT CONDITIONS <u>CON</u> OPERATION L CAUSE WAS	DUE TO, OR (c) NTRIBUTING TO DEATH 19b. CONDIT	BUT NOT RELATED TO THE TERMI FION FOR WHICH OPERA FINJURY L. MONTH DAY YEAR	NAL DISEASE OR CONDITION GIVEN ATION WAS PERFORMED?		F INJURY IN ITEM 18 PART	YES
ICAL CERTIFICATION	PART 2 OTHER SHE 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUTIN	STATING THE UNDER- SELECTION OPERATION LI CAUSE WAS OPERATION CONTRACTOR CONTRACTOR CONTRACTOR OPERATION	DUE TO, OR (c) NTRIBUTING TO DEATH 19b. CONDIT 21b. TIME OF HOUR A.M. ATH P.M.	BUT NOT RELATED TO THE TERMI FION FOR WHICH OPERA FINJURY I. MONTH DAY YEAR II. 19	NAL DISEASE OR CONDITION GIVEN ATION WAS PERFORMED?		F INJURY IN ITEM 18 PART	YES
AEDICAL CERTIFICATION	PART 2 01HER SH	STATING THE UNDER- SELECTION OPERATION L CAUSE WAS O OR CAUSE OF DE	DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M ATH P.M 21e PLACE (BUT NOT RELATED TO THE TERMI FION FOR WHICH OPERA FINJURY L. MONTH DAY YEAR	NAL DISEASE OR CONDITION GIVEN ATION WAS PERFORMED?			YES
MEDICAL CERTIFICATION	PART 2 01HER SH	STATING THE UNDER- SELECTION OPERATION L CAUSE WAS O OR CAUSE OF DE	DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M ATH P.M 21e PLACE (BUT NOT RELATED TO THE TERMI FION FOR WHICH OPERA INJURY L. MONTH DAY YEAR L. 19 DE INJURY (AT HOME.	NAL DISEASE OR CONDITION GIVEN ATION WAS PERFORMED? 21c. HOW INJURY OCC 211 LOCATION	URRED LENIER NATURE O		YES
MEDICAL CERTIFICATION	PART 2 OTHER SHE 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUTIO 21d. INJURY COMMILE AT WORK	OPERATION L CAUSE WAS OCCURRED NOT WHILE AT WORK	DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M ATH P.M 21e PLACE C STREET, FACT	BUT NOT RELATED TO THE TERMI FION FOR WHICH OPERA INJURY INDOMESTICATION INTO THE TERMINATION INTO THE	NAL DISEASE OR CONDITION GIVEN ATION WAS PERFORMED? 21c. HOW INJURY OCC 211 LOCATION STREET	URRED LENTER NATURE O	Town	YES TIOR PART 2) COUNTY
MEDICAL CERTIFICATION	PART 2 DIHER SM 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY C WHILE AT WORK 22a. I certif	OPERATION L CAUSE WAS OCCURRED NOT WHILE AT WORK	DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M ATH P.M 21e PLACE (STREET, FACT	BUT NOT RELATED TO THE TERMI FION FOR WHICH OPERA INJURY L. MONTH DAY YEAR L. 19 DE INJURY (AT HOME.	NAL DISEASE OR CONDITION GIVEN ATION WAS PERFORMED? 21c. HOW INJURY OCC 211 LOCATION STREET	URRED LENIER NATURE O	Town	YES
MEDICAL CERTIFICATION	PART 2 OTHER SHE 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUTIO 21d. INJURY COMMILE AT WORK	OPERATION L CAUSE WAS OCCURRED NOT WHILE AT WORK	DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M ATH P.M 21e PLACE C STREET, FACT	BUT NOT RELATED TO THE TERMI FION FOR WHICH OPERA INJURY INDOMESTICATION INTO THE TERMINATION INTO THE	NAL DISEASE OR CONDITION GIVEN ATION WAS PERFORMED? 21c. HOW INJURY OCC 211 LOCATION STREET	URRED LENTER NATURE O	iry , and in	YES TIOR PART 2) COUNTY
MEDICAL CERTIFICATION	PART 2 OTHER SIGNATE OF THE PART OF TH	OPERATION L CAUSE WAS OCCURRED NOT WHILE AT WORK	DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M ATH P.M 21e PLACE C STREET, FACT	FINJURY L. MONTH DAY YEAR TORY, FARM, ETC.)	ATION WAS PERFORMED? 21c. HOW INJURY OCC 211 LOCATION STREET	URRED LENTER NATURE O CITY OF ection , Inqu	iry , and in	YES TIOR PART 2)
MEDICAL CERTIFICATION	PART 2 01HER SHI 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY C WHILE AT WORK 22a certif death resulted	OPERATION L CAUSE WAS OCCURRED NOT WHILE AT WORK	DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M ATH P.M 21e PLACE C STREET, FACT	FINJURY L. MONTH DAY YEAR TORY, FARM, ETC.)	Autopsy X, Insp	URRED (ENTERNATURE O	iry . and in monner .	YES TIOR PART 2) COUNTY
MEDICAL CERTIFICATION	PART 2 OTHER SIGNATE OF THE PART OF TH	OPERATION L CAUSE WAS OCCURRED NOT WHILE AT WORK	DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M ATH P.M 21e PLACE C STREET, FACT	FINJURY L. MONTH DAY YEAR TORY, FARM, ETC.)	Autopsy X, Insp	URRED LENTER NATURE O CITY OF ection , Inqu	iry . and in monner .	YES) TIOR PART 2) COUNTY
MEDICAL CERTIFICATION	PART 2 01HER SHI 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUTIO 21d. INJURY C WHILE AT WORK 22a certif death results SIGNATURE EXAMINER'S	STATE OF THE PROPERTY OF THE P	DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M ATH P.M 21e PLACE CONTROL OF THE PLACE	FINJURY A MONTH DAY YEAR FINJURY A MONTH DAY YEAR FORY, FARM, ETC.)	ATION WAS PERFORMED? 21c. HOW INJURY OCC 211 LOCATION STREET Autopsy X, Inspective Interest of Control of C	CITY OF ection , Inqu Undetermined Y) Chiefmedical ex	iry , and in monner ,	COUNTY DATE SIGNED
MEDICAL	PART 2 01HER SHE 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUTIO 21d. INJURY C WHILE AT WORK 22a I certif death results SIGNATURE EXAMINER'S (TYPE OR PRI	STATE OF THE PROPERTY OF THE P	DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M ATH P.M 21e. PLACE of STREET, FACT	FINJURY MONTH DAY YEAR FORY, FARM, ETC.) BUT NOT RELATED TO THE TERMINE FINJURY 19 DF INJURY (AT HOME. FORY, FARM, ETC.)	ATION WAS PERFORMED? 21c. HOW INJURY OCC 211 LOCATION STREET Autopsy X, Inspective Code Interest In	URRED (ENTER NATURE O CITY OF ection	iry . and in monner ., AMINER . Balto.	COUNTY DATE SIGNED
WEDICAL MEDICAL	PART 2 01HER SHE 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUTIO 21d. INJURY C WHILE AT WORK 22a I certif death results SIGNATURE EXAMINER'S (TYPE OR PRI	OPERATION LI CAUSE WAS OCCURRED NOT WHILE AT WORK NAME NAME Thoma	DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M ATH P.M 21e PLACE CONTROL OF THE PLACE	FINJURY MONTH DAY YEAR FORY, FARM, ETC.) BUT NOT RELATED TO THE TERMINE FINJURY 19 DF INJURY (AT HOME. FORY, FARM, ETC.)	ATION WAS PERFORMED? 21c. HOW INJURY OCC 211 LOCATION STREET Autopsy X, Inspective Interest of Control of C	CITY OF ection , Inqu Undetermined Y) Chiefmedical ex	iry . and in monner ., AMINER . Balto.	COUNTY The many opinion DATE SIGNED 11/

i de la companya de

STATE

DECEASED NAME

DHMH-16 30M 2/80

(VRA 15, 4)

REGISTRAR

Craft (Daughter) ADDRESS 500 W. Nursery Mrs. Imogene Sachs, Rd. Linthicum APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) our apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED · 8 DIRECTOR PHYSICIAN St. Agnes Hosp. Baltimore, Md. 23b. DATE NOV . 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 9, 1981 Meadowridge Mem Elkridge Glen Burnie 250. DATE REC'D. BY REGISTRAR 256. PEGISTRAR 24 FUNERAL DIRECTOR 1981 MD. Singleton Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 2a. DATE OF DEATH MONTH

1981

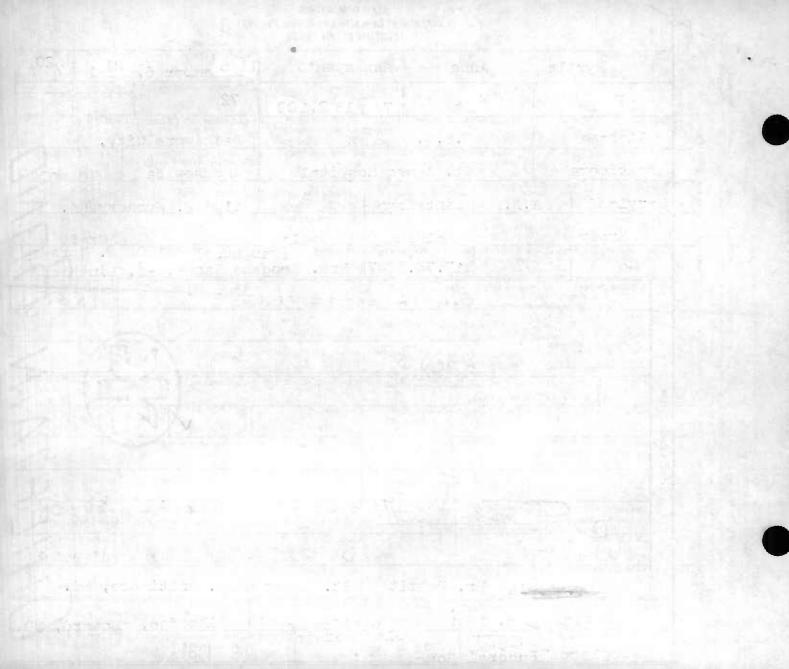
IF UNDER I YEAR

INDUSTRY

FUNDER 24 HRS

12b. KIND OF BUSINESS OR

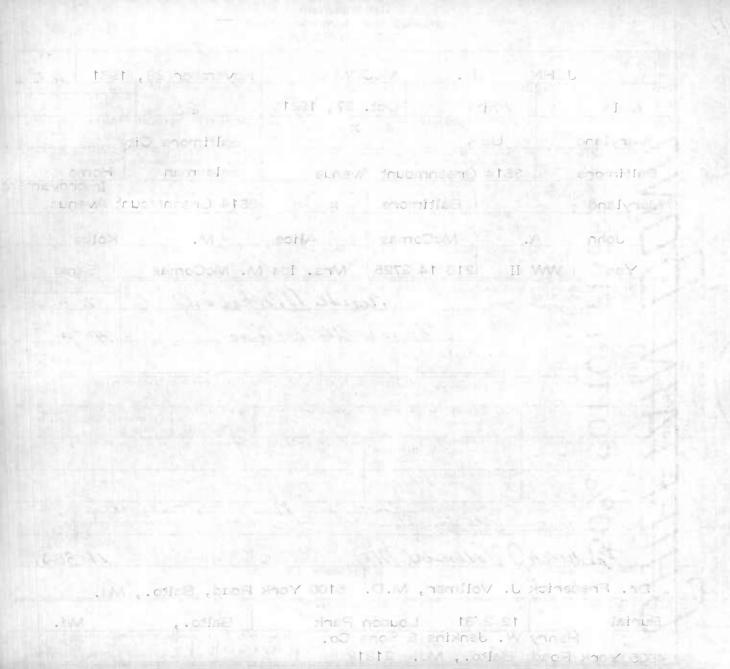
Own Home



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME MONTH (TYPE OR PRINT) PANES 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY) # UNDER I YEAR IF UNDER 24 HRS 1 SEX YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE INJAN OFFICE 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED 10. CITX OR TOWN OF DEATH 12ª USUAL OCCUPATION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR SUAL RESIDENCE HE NURSING HOME OR OTHER THANK 30 STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT IYES, NO OR UNKNOWN) [IF YES, GIVE WAR OR DATES] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per ling PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NOV YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. in (my) (our) apinian death occurred on the date and hour and fram the causes stated and that (I) we) (did) (did not) view the body offer death. 22b. SIGNATURE DEGREF MEDICAL ATTENDING FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 23c NAME OF CEMETERY OR-CREMATORY 23d. LOCATIO 23a. BURIAL CREMATION, REMOVAL 23b. DATE 24. FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

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Same as 13e. APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE HA (1-8 ____, and that in (my) (our) apinian death occurred on the date and haur and from the couses stated 22c DATE SIGNED STATE CITY OR TOWN Crownsville, Maryland Burial /12/1981 Crownsville V.A. Cem. 250 DATE REC'D. BY REGISTRAR 250 EGISTRAR'S SIGNATURE CO-24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VRA 15 (4)) Walter Brooks Bradley Inc. Balto., Md. 21222

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

26 HOUR

HOUR5

12b. KIND OF BUSINESS OR

21222

Office Equip.

IF UNDER 24 HRS

YEAR

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IF UNDER 1 YEAR

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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RECORDS, 201 W. PRESTON ST.,	HOULD BE EXECUTED WITHIN 24 HO RD "PENDING" IN PENCIL IN ITEM 1 USED AS A BURIAL. TRANSIT PERM OF HEATTH AND MENTAL HYGIENE. RIAL, CREMATION, OR REMOVAL.	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT-RELATED TO THE TERMIN	IAL DISEASE OR CONDITION GIVEN IN PART	10	MATTER I
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7	ATE S THE CONTRIBUTION OF THE CONTRIBUTION OF	CER	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART 1	
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	ALE COLOR		ACTUAL SIGNATURE	was Truck		€ LEDICAL EXAMINER SH	ATE 11/22/81
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1/1	DHMH-17	24 F	INERAL DIRECTOR	ADDRESS	250. DATE REC		SIGNAJO)
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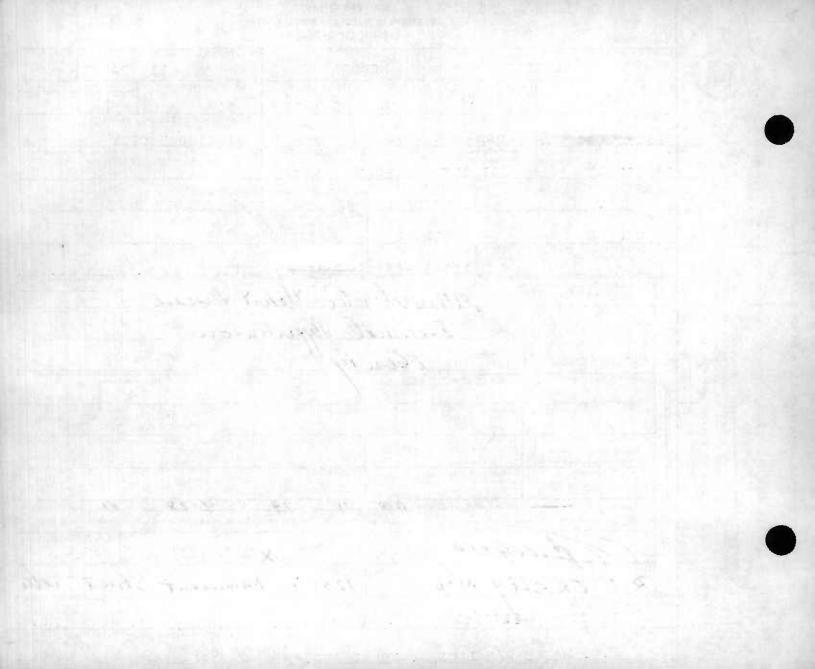
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 17 G 562 12/2/81 GAB

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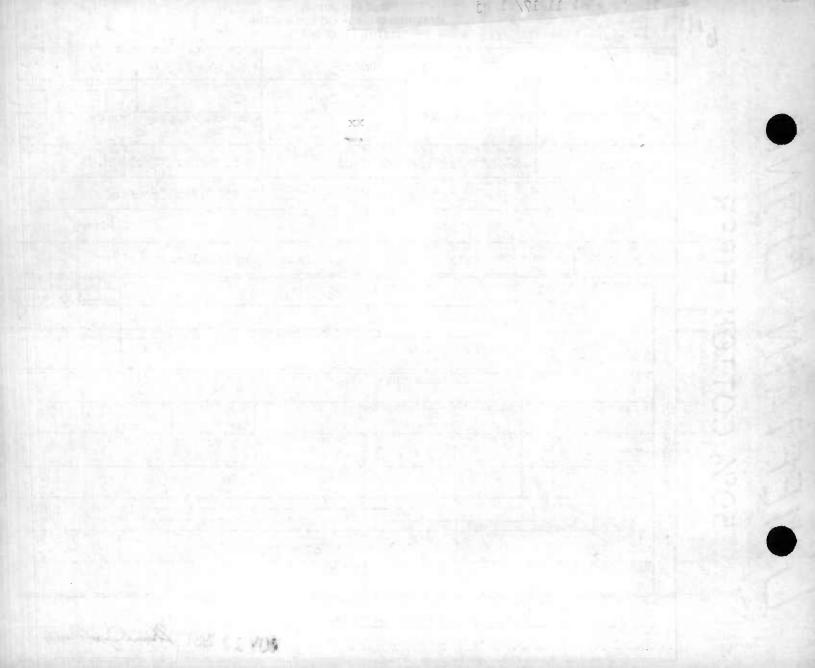
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 8 g561 11/17/81 g:

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7		REGISTRAR		CERTIF	ICATE OF DEATH		REG. NO.		
		CEASED NAME FIRST	MIDDLE		AST	2a. DATE OF D		DAY YEAR	2b HOUR
		Mary	Lela	M	cVay	Novem	ber 1, 1	981	M
	3. SE		4 RACE	5. DATE C		6. AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Female	White	Mar	ch 29, 1884	87	YRS		HOURS MIN.
1		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN		NEVER MARRIED		ECITY OR COUN		TALL STATE
9		Iowa	U.S.A.	WIDOWE	DIVORCED	Po	ltimore	City	MD.
0		Baltimore	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Perring Pa)	STREET ADDRESS)			CCUPATION ORMOST OF WORKING Sewife	LIFE) 12b. KIND O INDUSTRY	OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COU) aryland	JTY 13c. CITY OR		13d INSIDE CITY LIMITS	? 130. STREET AC	DDRESS Bal Highland	t., Md. Drive	21239
0	14. FA	George	MIDDLE CAS		Alice		WIDDIE	Carse	
_		VAS DECEASED EVER IN U.S. AR. yes. no or unknown) (if yes, giv	E WAR OR DATES)	SECURITY NO. 2-9612	17 INFORMANT DE 1302 Highle	aughter:	Baltimo:	elma Whi re, Md.	senand 21239
	? NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EQUENCE OF		RMINAL DISEASE (OR CONDITION G	IVEN IN PART 110	21
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a. AUTOP	IN CERT	ES, WERE FINDIN	NGS USED OF DEATH?
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (HE EITHER, NOTHEY MEDICAL EXAMINER) 210. IN JURY OCCURRED WHILE AT WORK AT WORK	TH HOUR A.M. MONTH	19	21c. HOW INJURY OCC	URRED (ENTERNATU			STATE
		220 I certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did, par	10 -	19 . on	d that in (my) (aur) opinio	on death accurred	on the date and he		that (1) (we) lost causes stated
		226. SIGNATURE		1.0.		DIRECTOR	STAFF PHYSICIAN [1]	22c. DATE	2 /8/
		Dr. Celiar I			7122 Harfo	rd Road	Baltimo	ore, Mar	yland
	23a. B	Burial Burial	236. DATE Nov 6 1981		METERY OR CREMATOR	CITY OR		COUNTY	STATE LOWS

DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event,

IMPORTANT: If Item 21 is marked or Item 18 shaws any

Leonard J. Ruck, Inc.

24 FUNERAL DIRECTOR

- STATE

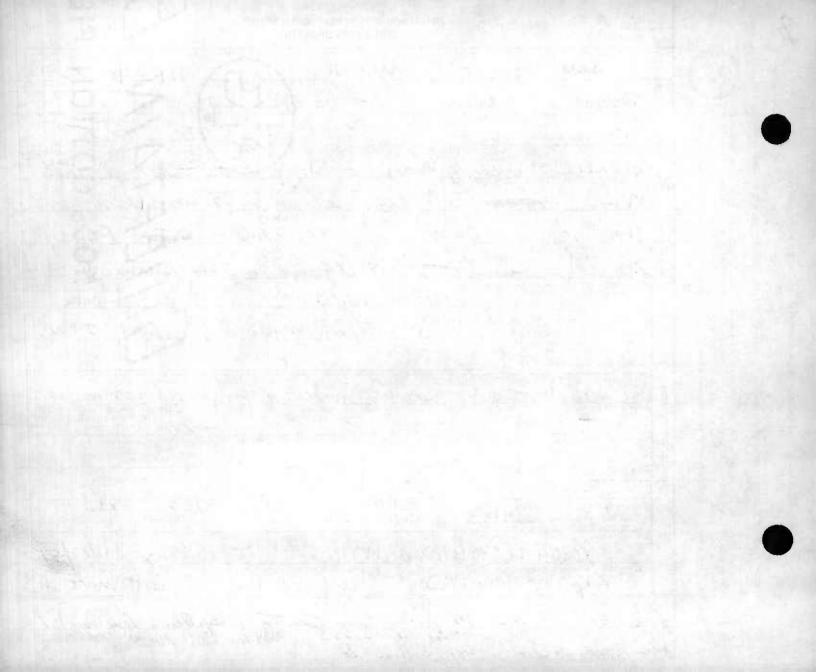
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11	75 76 5 7		-			YES 🗆		TIFYING CAUSES (OF DEATH?
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	5 5 5 5	22	I THUSS I		1000	MO MOSIPI	all Be	IIIVVO	e mc.
nin	1 00	230	BURIAL, CREMATION, REMOV	11	231 NAME OF CEMETERY OR CR	128	ORTOWN	COUNTY	STATE
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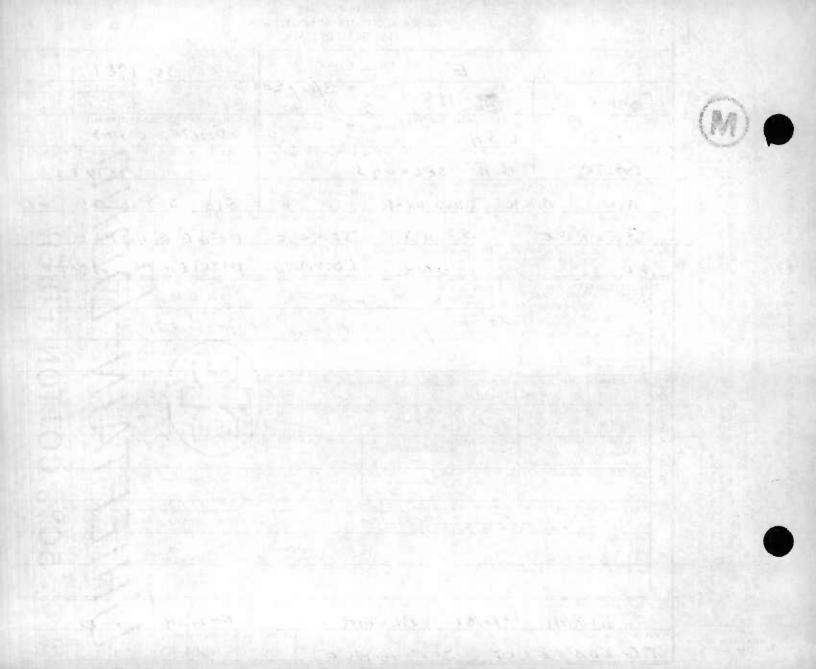
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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de 4 mo	3. SEX F 4. RACE 5. DATE OF BIRTH MONTH 7. 25/06* 6. AGE (IN YEARS - SIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
deoth. Po	70. BIRTHPLACE (STATE OR FOREIGN 70. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOWEDS DIVORCED DIVORCED MD.
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be executed on the medice	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT) ADDRESS (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 239-18-1189 Frances Wright 1606 Chesapeake Ave.
PRESTON ST., BA the death certificate emave carbanpape emotion, ar remaval.	18 CAUSE OF DEATH LENTER andly one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF
DS, 201 W quires that signed by hen please to bural, cr	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig
DIVISION OF VITAL RECORDS NG PHYSICIAN: The law requirantending physician fiter this certificate has been signs the burial-transit permit. Their th and Mental Hygiene prior to be acked or frem 18 flow are injurial.	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1 210 ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)
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DIVISION ING PHY After this as the builth and M Ith and M	AT WORK AT WORK
ATTEND aspital a ECTOR: 4 for use of far use of m 21 is m	220 I certify that in (this pospital attended the deceased from 29 19 that (we) last saw the deceased alive an 19 19 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above. (I) (we) (did) (did sat view remised attended to the causes stated above. (I) (we) (did) (did sat view remised attended to the causes stated above.) DEGREF
by the h ERAL DIR e detache State Dep	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1216 ADDRESS 226 ADDRESS 227 DATE SIGNED 227 DA
TO HOSPIT. TO FUNER, should be dwith the Sto	(JAMICE 1. MAS) 3001 Sittenover St. Balto
0 (BP	Burial 12/5/81 Cedar Hill Cem. 23d LOCATION CITY OF TOWN Baltimore
DHMH-16 50M 1/81 (VRA 15, 4)	Wm. C. March F/H 1101 E. North Ave. DEC 1 1981 Control of the

ELEPTE F. T. PRINTY di in the second Last Coming A. P. A. - J. M. South to S. Bales Carl Horas C. C. Calabara Maria per purpose in a mention but miles The second of th the state of the s Mari Level Colon Not it work in the rest of the same

1-	FOR STATE REGISTRAR			DEPARTMEN DICAL EXA	T OF HEALT	H AND ME	NTAL HYG	G I	REG. NO	2 8	3 8	
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14 F	ATHER'S NAME FIRST Barn	ie A.	Mil Mil	ler LAST			ella I	AME da	ANDDLE Beng	е	LAST	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE								3 0 %		
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-		E OR PRINT)		<	11	11/		20 HOUR		
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2	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b. KI	IND OF BUSINESS OR		
11/2	1	SHITI mines	NOT IN SUCH FACILITY, G	GIVE STREET ADDRESS)	to/	PE OF WORK FOR MOST	F WORKING LIFE) INDU	STRY		
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Les.		mg'	ALD CHA	4-	YES NO DO	5743 E	mondsol	N Are		
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1470		John Rosenthal			Elizabeth	Fritsch				
4		WAS DECEASED EVER IN U.S. ARI	E WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT	ADDRI				
10		No	219	54 3548	William J. M	liller 3902	Baltimore	Street		
ž.		18 CAUSE OF DEATH (Enter an	lu ana sausa par lina for ta	(b) and (c)		1	1 .A	PPROXIMATE INTERVAL WEEN ONSET AND DEATH		
Ť		PART I. DEATH WAS CAUSE	D BY:	D-cn.	Marie Or	vac t	BETY	WEEN ONSET AND DEATH		
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the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF	Aus Frah	lica	74-15-15			
0 0			(c)	Cerroni	ry anoc	1112/11				
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3	표	THE REPORT OF				YES TI NOTA	IN CERTIFYING CA			
å S	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		131. HOW IN HURY OCCUP		YES 🗌	NO 🗆		
20		OR CONTRIBUTING CAUSE OF DEA	110110 1 11 11011	TH DAY YEAR	21c HOW INJURY OCCUR	KED LENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PA	RT 2)		
te a	N N	IF EITHER NOTIFY MEDICAL EXAMINER		19						
ā .	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION					
pey	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	Y, OFFICE FARM, ETC)	STREET	CITY OR 10	OWN COUN	TY STATE		
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.5		22a.l certify that (1) (this haspit	11 / 1	6111	. 19	, to	1901	, that (I) (we) last		
2		saw the deceased alive an	t) view the bady after deat	h. 19 d. , ar	d that in (my) (aur) apinian	death accurred an the d	ate and have and fram	m the causes stated		
E E		226 SIGNATURE	in the		DEGREE		721.	DATE SIGNED		
=		1 mgs 1	Oller Dil	1	ATTENDING PHYSICIAN F	MEDICAL STA		16/81		
Z-7-		224 PHYSICIAN'S NAME (TYPE OF	2 Color Cacco		I THUICIAN L	DIRECTOR PHYSIC	IAN	10/01		
RIA		226 PHISELIAN SHAME (TYPE OF	X PRINT)		220 ADDRESS	2.5	/			
MPORTANT:		(mass	Jehrema	vaus	Lutheran	Hospital I	Baltimore,	Maryland		
≥	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	123c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
		Burial	Nov 9,81		deemer Cem	Baltimore	e, Marylan	STATE		
	24 24		1 5,01	THOTY IN	deciner cent	Darcinore	, ridry rail	4		

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attentional should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the haspital

BP.

Dippel Funeral Homes, Inc.

7110 Belair Road

NOV 9 1981 James Jan Lather

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ADDRESS

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RATION

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

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DHMH - 16 50M 1/B1

(VRA 15, 4)

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	REG. NO.

TRAR	DEPART	MENT OF HEALTH AND CERTIFICATE OF		REG. NO.	283	3 0
NAME FIRST	F.	LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Berti	e Montague			November 30	1981	10:254
	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
emale	black	3 17	1924	57 YRS	MONTHS DAYS	HOURS MIN.
CE (STATE OF FOREIGN	THE CITIZEN OF WHAT COUNTRY?	8		9. BALTIMORE CITY OR COUN	TY OF DEATH	
Md	USA	MARRIED X NEVER	MARRIED	Baltimore Ci	Lty	MD.

10 CITY OR TOWN OF DEATH Baltimore

STATE REGIST DECEASED (TYPE OR PRINT)

3 SEX

1 BIRTHPLAC COUNTRY

Harry

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Johns Hopkins Hospital

120 USUAL OCCUPATION

12b. KIND OF BUSINESS OR

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore 14 FATHER'S NAME MIDDLE

15. MOTHER'S MAIDEN NAME

Mary

13d INSIDE CITY LIMITS?

MIDDLE ADDRESS

714 W. North Avenue

Jones

Apt D

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

166 SOCIAL SECURITY NO. N/A

Carter

17 INFORMANT

YES TX

Levy Montaque 714 W. North Avenue

	18 CAUSE OF DEATH Enter only o PART I. DEATH WAS CAUSED B'		espiratory	Arrest.	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	- Septic	shock	٠.
ICATION	PART 2 OTHER SIGNIFICANT CON 198 DATE OF OPERATION	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
E E				YES NO	YES NO
CAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2)
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)	211. LOCATION STREET	CITY OR TO	WH COUNTY STATE
		. /	/2 2 2 1		10181

sow the deceosed olive on bove, (I) (we) (did) (did not view the body offer-death. 226 SIGNATURE

DEGREE

STAFF PHYSICIAN DIRECTOR

22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL

Buria!

(SPECIFY)

SINGHA

23c NAME OF CEMETERY OR CREMATORY

Holly Hill

HOPKINS 23d LOCATION

COUNTY

ENTER

Md

24 FUNERAL DIRECTOR William C. March F/H 1101 E. North Avenue

12/5/81

23b DATE

Balto

18 190

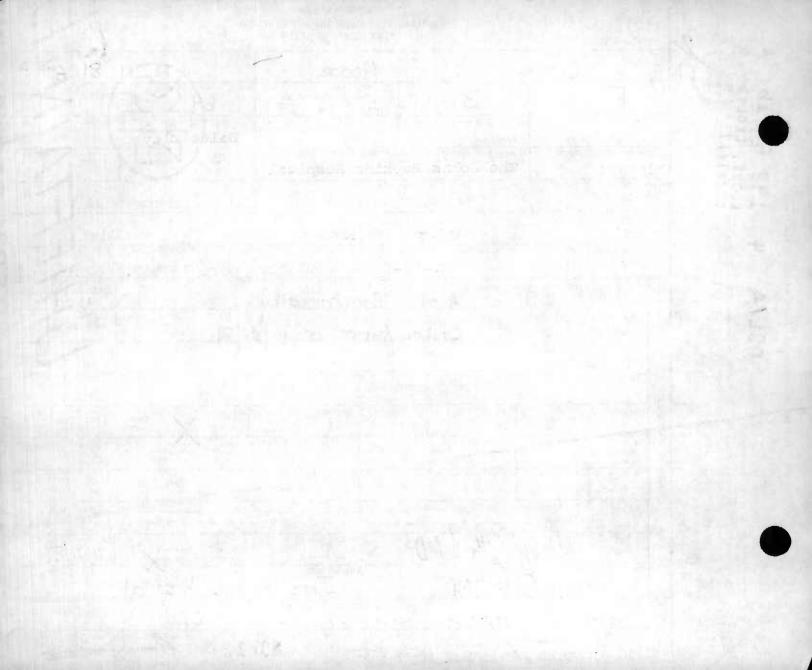
1	- STATE	Hosp. 3/31/82 rc	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	GIENE 8	28387
may be page 3	REGISTRAR 1. DECEASED NAME FIRST (TYPE OR PRINT) BABY	GIRL MONTGOMERY	CERTIFICATE OF DEATH	REG. NO.	20. 110 OK
ige 4 may rectar, pag urs after d	3 SEX F	4 RACE	S. DATE OF BIRTH 15		J IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATE HOURS MIN.
F. F. F. G. P.	70 BIRTHPLACE STATE OR FOREIGN COUNTRY! Maryland	US A	MARRIED NEVER MARRIED MIDOWED DIVORCED	Baltimore City or Co	
100	Baltimore	St. Agnes Hosp	ital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINESS OR INDUSTRY
ed within 2—1001 mpletely filled in p and 2 should be a	130. STATE Md	We or other institution give residence befood unity $\begin{array}{c} \text{13c. city or to}, \\ B \ a \ lt \end{array}$	O YES X NO	1 500 Peni	nsylvinia Ave.
	S hawn	MIDDLE LAST Brown ARMED FORCES? 166 SOCIAL SEC	E s telle URITY NO. 17 INFORMANT	WIDDIE	o ntgomery
BALTIMORE, cote be executed by sicion and coppers. Pages 1 vol.		S. GIVE WAR OR DATES)			0 Pennsylvinia A ve
RDS, 201 W. PRESTON ST. equires that the death certification of signed by the attending p. Then please remove carbon to burial, cremation, or reminjury, or other traumatic even	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)			ON GIVEN IN PART 110
TAL RECO	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
ION OF VI	7 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O LIFE EITHER NOTHEY MEDICAL EXAM UNDERLYING OR ALTWORK AT WORK AT WORK	FDEATH HOUR A.M. MONTH D	19 711 LOCATION	RED (ENTER NATURE OF INJURY IN IT	COUNTY STATE
PITAL OR ATTENDI by the hospital or JERAL DIRECTOR. a State Dept. of Heal ANT. If Item 21 is m	220 I certify that (1) (this h	Month view the body ofter deoth	DEGREE ATTENDING	, to	226 DATE SIGNED
TO HOSPIT retained by TO FUNER, should be d with the Sit	13ERT 1230 BURIAL, CREMATION, REMO	F. MORTON VAL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
1402 BP	Burial 24 FUNERAL DIRECTOR	11-29-81 I	vory C emetery	Davis Stat	446
DHMH - 16 50M 1/81 (VRA 15, 4)	NAME	son F. H. 1913 W		E REC'D. BY REGISTRAR 256 P	registrar's signatur

evil alabely man 1001 re to to i slist 10 1 Elected 21 or 2 End 3. 2. 1. 183 11. Estat. St. - 1 1 1 1 2 2

William C. March F/H 1101 E. North

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



12		STATE OF MARYLAND
6	-	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8
	Am III	REGISTRAR CERTIFICATE OF DEATH
	SERVER 1	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 126 HOUR
	1, 1055	(TYPE OR PRINT)
		E1, 2aben 110012 1-1/-8/11/0am
	a der b	3. SEX F. ADDIV 4 RACE S. DATE OF BIRTH MONTH DAY YEAR MONTHS DAYS HOURS MIN.
	s of o	TEMPLE WHITE AND 1898 & 3
	Pagine Pagine	76. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. 9 BALTIMORE CITY OR COUNTRY OF DEATH
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	de de	VA USA WIDOWED DIVORCED DI BOLTO . COMPY MD.
	Fel ke	10. CITY OR TOWN OF DEATH AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE BITREET ADDRESS) 170 USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
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RY	d 2 sho	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
A A	comple	John Pruitt Nolly Cockett
E,	_ 2 0 4	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
Q	Page medic	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-16-8886 Flora Proitt San
E	- 15 E	
8 4	ficate pope noval.	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:
, T	physent,	IMMEDIATE CAUSE (0) Carille Menjo, ralon are)
Z	ding orbi	> 880 DUE TO, OR AS A CONSEQUENCE OF A
STC	deat otten ation, fraumo	Conditions, if ony, which (b) Deals about the into the
S.E.	may notic	gove rise to immediate
3	by th	couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost
5	+ p = 0 5	(c)
5,2	ires n p bur	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201		190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 2 216. TIME OF INJURY 211. HOW INJURY OCCURRED LENGTH ATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
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0	SICIA ng p certii urial- vento	(IF EITHER, NOTIFY MEDICAL EXAMINER) — P.M. 19/1/ 2001 PCF TELL &T NOME 19(C) VM
ō	HY Signature	OR CONTRIBUTING CALOS OF DEATH
<u>></u>	DING Phoragon attention of the order orde	MHUER NOTWHILE A HOWE. GREAT BURGES AND STREET ME
۵	ATTENDING Spital or att Spital or att CTOR: After defar use os till att Health or m 21 is morke	220.1 certify that (I) (this haspitally attended the deceased from 19 K to 19 K to 19 K that (I) (we) lost
	FEN CONTRACTOR	sow the deceased alive an 19, and that in (my) (aur) opinion death occurred grafthe date and hour and from the causes stated
- 4	R ATTEN hospital RECTOR ned for u	obove, (I) (we) (did jetto not) view the body after death.
	OR A DIRE DOCHED	278. SYNAFORE DEGREE ATTENDING MEDICAL STAFF
- 11	Al Di	HISTORIAN DELECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR
	HOSPITAL ned by the FUNERAL side be detailed be derived by the Stote	220 ADDRESS
	HOSPITAL inned by th FUNERAL vold be deta h the Stote	17- TAGET ARFILMA POUTH RUITO GENERAL KOV.
	CO HOSPITAL OR TO FUNERAL DIRE should be detoched with the Stote Dept	11.1101101101110110110110110110110110110
		236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE
	BP	Burial 11/20/81 Sunnyridge Cemetery Crisfield Somerset MD.
	DHMH - 16 50M 1/76	24 FUNERAL DIRECTOR 250. MATERICA PY REGISTRAR'S SIGNATURE
	(VR A 15 (4))	Pradshaw & Sons ADDRESS Crisfield, MD. NUV 23 1981 Prances Crisfield, MD.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28390

YEAR

CERTIFICATE OF DEATH

REG. NO. 20. DATE OF DEATH MONTH

N	9
•	death. Page

FOR STATE EGISTRAR

DECEASED NAME

FIRST

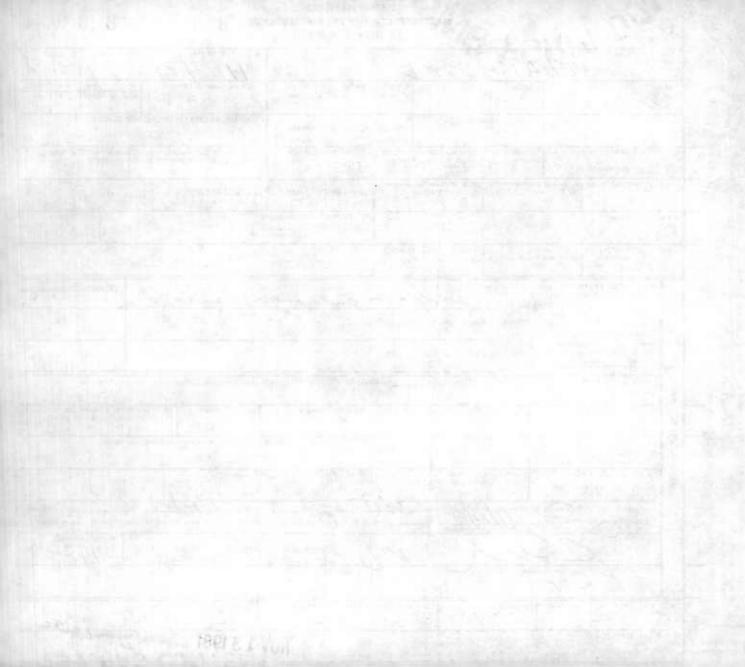
ATTENDERPHYSVIAM: DOLAN

DHM

Minuhe Ememane

		Iris	MARIE	MOORE	November 08,	1981 4:55
	3 SE	FEMALE	4 RACE BLACK	5. DATE OF BIRTH SONTH DAY 44	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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33	E	BALTIMORE	The Johns Ho	pkins Hospital	(TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS O INDUSTRY
35	13a. S	AL RESIDENCE (IF NUR THE OF O TATE MD	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13C CITY OR TOW BALTTMOR	IN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 830 N. DUNCAN	ST.
OC.	14 FA	THER'S NAME VEB	MOORE LAST	JULIA JULIA	AME MIDDLE	HILL
medico		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SECULAR WAR OR DATES) 135–36-	C240	LDS 1035 ORLEANS	ST.
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		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU	possible pu	monay emboli	72 3
y injury.	NOIT			<u>DEATH</u> BUT NOT RELATED TO THE TER/		
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	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
om si is		sow the deceased alive or	ital) attended the deceased from	ond that in (my) (out) opinion	to \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	our and from the causes stated
		22b. SIGNATURE Discott	220 DATE SIGNED			
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2		URIAL, CREMATION, REMOVAI SPECIFY) BURTAL		NAME OF CEMETERY OR CREMATORY ST. DELIGHT CEM.	23d LOCATION CITY OR LOWN FARMVILLE	COUNTY STATE
31	24 FL	INERAL DIRECTOR	F/H 1101 E ^{ADORES} NO	25a. DA		STRAKSSIGNATORE

E DILYUK



FOR

1 DECEASED NAME

Male

Maryland

Maryland

4. FATHER'S NAME

BIRTHPLACE (STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

Baltimore

James

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

REGISTRAR

WILLIAM

136 COUNTY

MIDDLE

- STATE

SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 26 HOUR GEORGE MORAN , Sr. 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH White January 27,1934 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore Gity, WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Baltimore City Hospital INDUSTRY Clerk - A& P Tea Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 4615 Woodlea Ave. NO [15. MOTHER'S MAIDEN NAME FIRST

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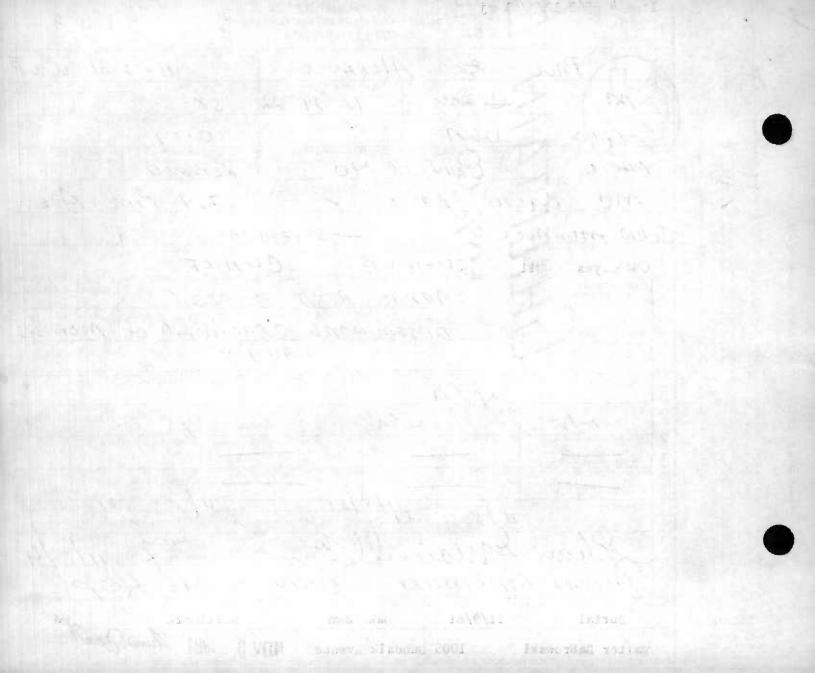
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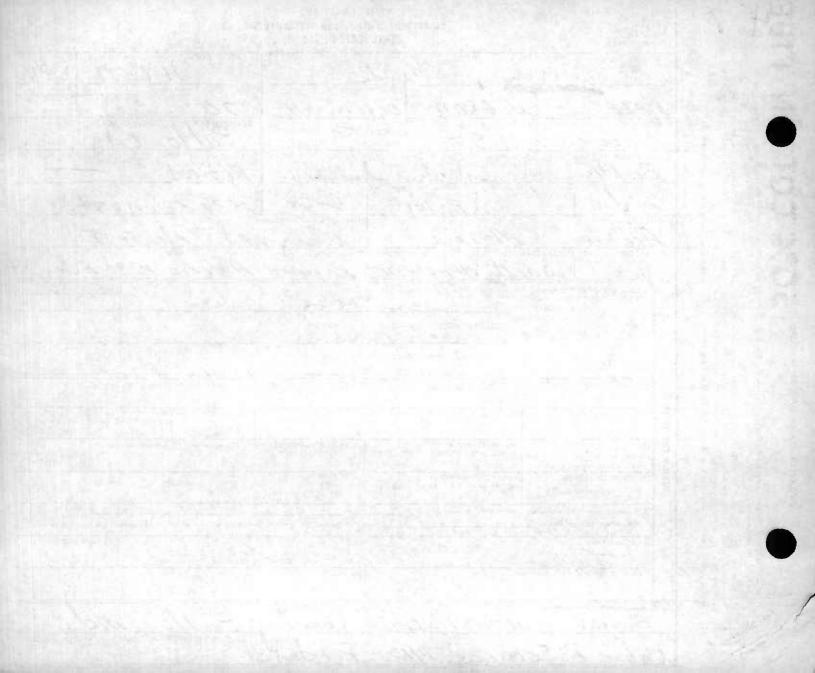
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Male White August 27, 1916 65 yrs Marrian 655	Κ		A STATE			6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS HOURS MIN.
Marryland United States WDOWED DIVORCED Baltimore City			ite	Augu	st 27, 1916	65		morris Data	MIN.
Maryland United States WDOWED DIVORCED Baltimore City		DREIGN 76 CITIZEN C	F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED V		_		
Baltimore Maryland General Hospital Clerk USUAL RESIDENCE (IF NUBSING HOME OR OTHER INSTITUTION ONE PESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. CITY OR TOWN 136. CITY OR TOWN 136. CITY OR TOWN 137. INSTITUTION ONE PESIDENCE BEFORE ADMISSION) 138. INSIDE CITY LIMITS? 138. STATE 139. COUNTY 130. CITY OR TOWN 130. CITY OR TOWN 130. CITY OR TOWN 130. CITY OR TOWN 130. INSIDE CITY LIMITS? 130. STATE 130. ADDRESS 130. ADDRESS 15. MOINTER'S MAIDEN NAME 1851 15. MOINTER'S MAIDEN NAME 1851 16. MOINTER'S MAIDEN NAME 1851 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)) 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)) 19. CACHEXIA — Malignancy suspected 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)) 19. CACHEXIA — Malignancy suspected 19. DUE TO, OR AS A CONSEQUENCE OF 19. DUE TO, OR AS A CONSEQUENCE OF 19. DATE OF OPERATION 19. CONDITION SONTEIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR ADDRESS 211. LOCATION 212. ACCIDENT WAS UNDERLYING OR ADDRESS 213. ACCIDENT WAS UNDERLYING OR ADDRESS 214. INJURY OCCURRED 216. ACCIDENT WAS UNDERLYING OR ADDRESS 216. HOW INJURY OCCURRED 216. ACCIDENT WAS UNDERLYING OR ADDRESS 216. HOW INJURY OCCURRED 216. ACCIDENT WAS UNDERLYING OR ADDRESS 216. HOW INJURY OCCURRED 216. ACCIDENT WAS UNDERLYING OR ADDRESS 217. ACCIDENT WAS UNDERLYING OR ADDRESS 218. PLACE OF INJURY 219. ACCIDENT WAS UNDERLYING OR ADDRESS 210. ACCIDENT WAS UNDERLYING OR ADDRESS 211. INDURED HAVE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OR PART 2) 212. ACCIDENT WAS UNDERLYING OR ADDRESS 213. ACCIDENT WAS UNDERLYING OR ADDRESS 214. INJURY OCCURRED 215. ACCIDENT WAS UNDERLYING OR ADDRESS 216. ACCIDENT WAS UNDERLYING OR ADDRESS 217. ACCIDENT WAS UNDERLYING OR ADDRESS 218. ACCIDENT WAS ADDRESS 219. ACCIDENT WAS UNDERLYING OR ADDRESS 219. ACCIDENT WA				WIDOWE	DIVORCED	Baltimor	e Cit	У	M
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JOSEPH L. MOTTIS MATY Elizabeth WOTT JOSEPH L. MOTTIS MATY Elizabeth WOTT WAS DECEASED EVER IN U.S. ARMED FORCES? [16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS [17. INFORMANT] WW.W. III 29-16-8966 Lorraine Kropfelder 3529 June Way 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. CachexiaMalignancy suspected DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) Malnutrition, Anemia. 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? VES NOW IN CERTIFYING CAUSES OF INCERTIFYING CAUSE OF INCERTIFYING CAUSES OF INCERTIFYING CAUSES OF INCERTIFYING CAUSE OF INCERTIFYING CAUSES OF INCERTIFYING CAUSES OF INCERTIFY COUNTY COUNTY OF INCERTIFY COUNTY COUNTY COUNTY OF INCERTIFY COUNTY CO	STATE 13		13c. CITY OR TOW	/N		13e. STREET ADDRESS 3924 Hud	son St	t.	
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Reference Part Conditions, if only, which gove rise to immediate cause lost.			16h SOCIAL SECL	IRITY NO.		ADDRE	55		
PART I. DEATH WAS CAUSED BY. [MMEDIATE CAUSE (b)] DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Malnutrition, Anemia. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OR CONTRIBUTING OR CAUSE OF DEATH OR CONTRIBUTING OR CAUSE OF DEATH OR CONTRIBUTING OR CONTRIBUTING OR CAUSE OF DEATH OR CONTRIBUTING OR CONTRIBUTION OR COUNTY 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM. ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY			219-16-8	966	Lorraine Kr	opfelder 3	529 Ju	ne Way	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR [IF EITHER NOTIFY MEDICAL EXAMINER] P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY WHILE ATWORK NOT WHILE ATWORK ATWORK ATWORK COUNTY	Conditions, if ony, v gove rise to immer couse (b), stoling underlying couse	which ediate (b) DUE TO, (c) Lost.	OR AS A CONSEQUIOR AS A CONSEQUIOR AS A CONSEQUIOR CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM		DITION GIV	EN IN PART 110	
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Movember 16 Movember 10 01	WHILE NOT WHILE	E [AT HOME.		ARM ETC)		CITY OR TO	WN	COUNTY	STATE
sow the deceased alive an November 18 19 81, and that in (my) (%r) opinion death occurred on the date and hour and from the caus above, (I) (M) (did) (dix x) view the body after death.	sow the deceased above, (I) (**) (did	olive on Novemb	per 18 19	81 , or	d that in (my) (Xr) opinion	to Novembe death occurred on the do			that X (we) last couses stated
226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11/(8)	Robert	- Libert	SIMO	•	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	22c. DATE	SIGNED
Robert Liberto, M.D. 22e ADDRESS 3508 Bank St., Baltimore, MD. 21224	Robert L	iberto, M.).			t., Baltimo	re, M	D. 212	24

DHMH-16 50M 1/81 (VRA 15, 4)

MPORTANT:

(SPECIFY) Nov. 21,1981 Burial

OakLawn Cemetery

- Baltimore Co., Md. STATE

24 FUNERAL DIRECTOR

FOR

Lilly & Zeiler Inc. 700 S. Conkling St.

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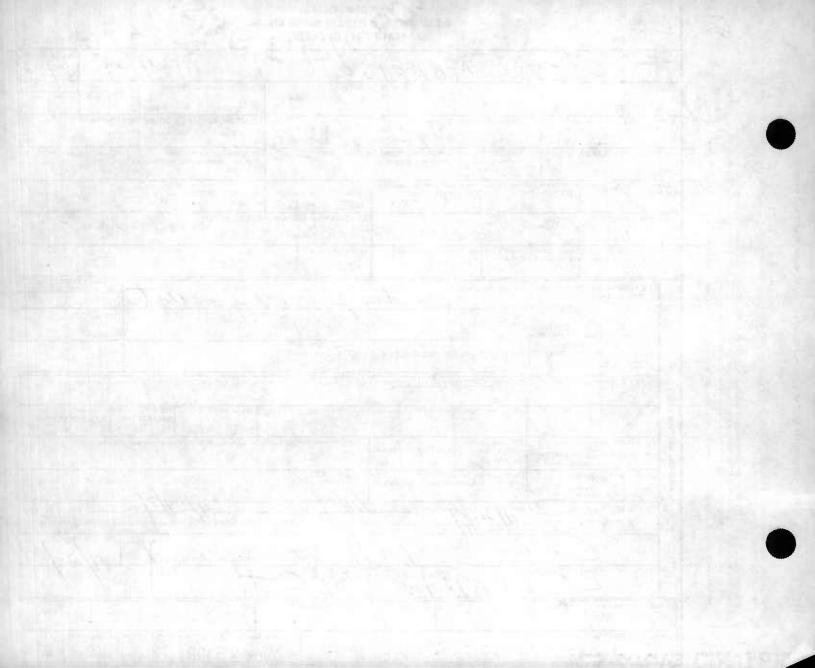
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 1/79



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should be detached with the State Dept.

MPORTANT:

MEDICAL

	STATE OF MARYL
FOR	DEPARTMENT OF HEALTH AND

AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 1				MEG. 110.	
	1. DECEASED NAME FIRST	WIDGLE	LAST	20. DATE OF DEATH MONTH DAY YEAR	2h HOUR
H	(TYPE OR PRINT) WALTE	ER A.	MORRISSEY	11-29-1981	12.48PM
	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR	IF UNDER 24 HRS
	Male	White	9 17 1908	73 YRS MONTHS DAYS	HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
	Illinois	U.S.A.	WIDOWED DIVORCED	Baltimore City	MD.
1	TO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			F BUSINESS OR
9	Baltimore	Church Hospit	al Corporation	Crane Operator Ret	h Stee

Baltimore Dundalk Maryland

REGISTRAR

NO IS MOTHER'S MAIDEN NAME

13e STREET ADDRESS
111 Center Place

Apt. 410

FATHER'S NAME FIRST MIDDLE LAST MIDDLE Mergenthaler L. Morrissey James Katherine В. IL- WAS DECEASED EVED INTITE ADMED CODCESS 145 COCIAL CECUDITY A

(YES, NO OR UNKNOWN) I (IF YES GIV	WAR OR DATES	III Center Place Apt.41
No		E.Morrissey-Balto., MD. 2122
18 CAUSE OF DEATH lEnter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	y one cause per line for (a), (b), and (c)) PY E CAUSE (a) ABBADENOCARCINOMA OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	
PART 2. OTHER SIGNIFICANT C	ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 110
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING		URRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

HE EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

19 211. LOCATION STREET

COUNTY

-81and that in (my) (our) opinion death occurred on the date and haur and from the causes stated

CITY OR TOWN

22a.1 certify that (1) (this haspital) attended the deceased from. 11 - 29 - 81DEGREE 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN

CHURCH HOSPITAL 100 BROADWAY

CORPORATION

STATE

Burial 12/1/1981

NOT WHILE

230. BURIAL, CREMATION, REMOVAL

Oak Lawn

23c. NAME OF CEMETERY OR CREMATORY

Maryland Baltimore 25a DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue Dundalk, MD.21222

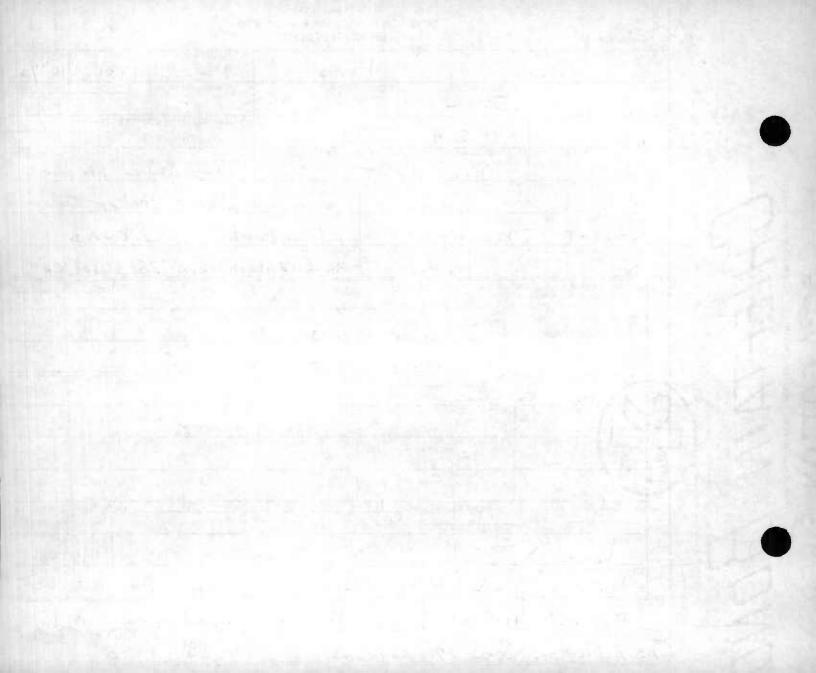
23b. DATE

23d. LOCATION

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

1.	1	FOR			E OF MARYLAND IEALTH AND MENTAL HYO	GIENE 15 A	9 8	. 3	0 1
1		STATE REGISTRAR			ICATE OF DEATH	REG. N	0		
		CEASED NAME FIRST	MIDDLE		AST	2a DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
and		Ophe	tin		10525	Now,	6.198		1046/An
1	3 SE	×	BLACK	5 DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UN		HOURS MIN
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by the filted	1	BALTO	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)		10 4 Seu	OF WORKING LIFE)	NDUSTRY	ne.
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ARYLAND 2 I within 24 h pletely filled nd 2 should b ammermust		Md.	B	ALTO	YES NO	2803	Chelse	PATE	err.
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	160 \	VAS DECEASED EVER IN U.S. AF	E WAR OR DATES)	CIAL SECURITY NO.	Mr. Elizak	ADDRE	2803	01.0	5.5
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	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN I	N PART 10	
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L RECO	CERTIFICATION	None	198. CONDITION FO	K WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		OF DEATH?
VITAL RI N. The le hysicion. Icote hos ronsit per Hygiene Hygiene	ERT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)	NO 🗆
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	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC.)	SIKEEI	CITY OR TOV	VN C	YTAUO	STATE
30000		22a.1 certify that (1) (this hosp	24 2 4	ed from	19.81	, to	19_	8 , th	hot (1) (we) lost
R ATTENIA hospital hospital red for us spt. of Herm 21 is		sow the deceosed alive or above, (1) (we) (did) (did no	of view the body ofter dea	th.	nd that in (my) (our) opinion	death occurred on the de	ate and hour one	I from the co	ouses stated
OR he ho		22b. SIGNATURE	Tel.	1.7	DEGREE ATTENDING	_ MEDICAL STAI	FF	22c. DATE S	GNED
		22d. PHYSICIAN'S NAME (TYPE C	2. D. a	1 100	PHYSICIAN T	DIRECTOR PHYSIC	IAN 🗌	1116	181
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(VR A 15 (4))	JA	S.A. MORTON		101 LAURI	ENS NO	OV 9 1981	(Bances)	1	WINDS TO THE



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4 may	3. SEX			4. RACE		5. DATE O		YEAR	6 AGE IN YEARS	LAST BIRTH	HDAY)	IF UNDER	-	F UNDER 24 HRS
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by the haspite ERAL DIRECTO e detoched for State Dept. of I		226. SIGNATURE Devt	7	morte	~	1	DEGREE M.D.	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICI		220	DATE SI	GNED
O HOSPITAL etoined by 11 TO FUNERAL should be det with the Stote		BER	T F	PRINT) MO	RTON)	900	CATON	AVE BA	LTO	. ME). 2	122	9
BP		URIAL, CREMATION SPECIFY) Buria		236. DATE 12/5/	81 Arl	outus		CREMATORY	Balti	N NOTE	e Coi	an ty	, Ma	ryľäh
MH-16 30M 2/80 (VRA 15, 4)		NERAL DIRECTOR			INCHONE	1AK14 3035	w. Nun.		E REC'D. BY REG	STRAR 2	Sb. REGIS	TRARS	GNATU	Varther

LT CITY .CM OTJAS ST. AGMES HOSPITAL Well and the state of the state of SOO CATOR AVE BLLTG. MD. 21229 and the probability of the second state of the The same than the same of the HARVER STATES TO STATES THE STATES AND STATES THE STATES AND STATE

STATE	0F	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE SP - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH 26 HOUR LTYPE OR PRINTS OSEPH Sr. 3 SEX AGE (IN YEARS LAST BIRTHDAY) YEAR 99 82 YRS 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City USA Balto. Md. WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Good Samaritan Hospital custodian Mercy High Schl SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a STATE 136 COUNTY 13¢ CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Merideno FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Jeanette Johnson Most Joseph Α. 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Mrs. Virginia Most 1241 Meridene Dr.Bal.Md No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. gave rise to immediate couse (a), stating the underlying couse lost. RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY OFFICE FARM FTC)

21b. TIME OF INJURY

PM

21e. PLACE OF INJURY

71L LOCATION

STREET

700 AUTOPSY?

NOX 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

STATE

NO T

and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated 22c. DATE SIGNED

CITY OR TOWN

STAFF

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

ATTENDING

RAVEN

MEDICAL

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

210. ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

22b. SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDICAL EXAMINERS

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22a I certify that (1) (this haspital) attended the deceased fram sow the deceased alive on NUV of obave, (I) (we) (did) (did not) view the body after death

23c NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

Burial 24. FUNERAL DIRECTOR DHMH - 16 50M 1/81

CERTIFICATION

Mitchell-Wiedefeld Home 6500 York Rd.Bal.Md.

Nov.25,1981

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60 HOLD SIZE 64 5 0 ... FEO.

APPENDING TO COLUMN THE THE PART OF THE PA

250 DATE REC'D. BY REGISTRAR SEREGISTRAN'S SIGNATURE

NOV

24 FUNERAL DIRECTOR SCHAIMUNEK Funeral HomeopressInc.

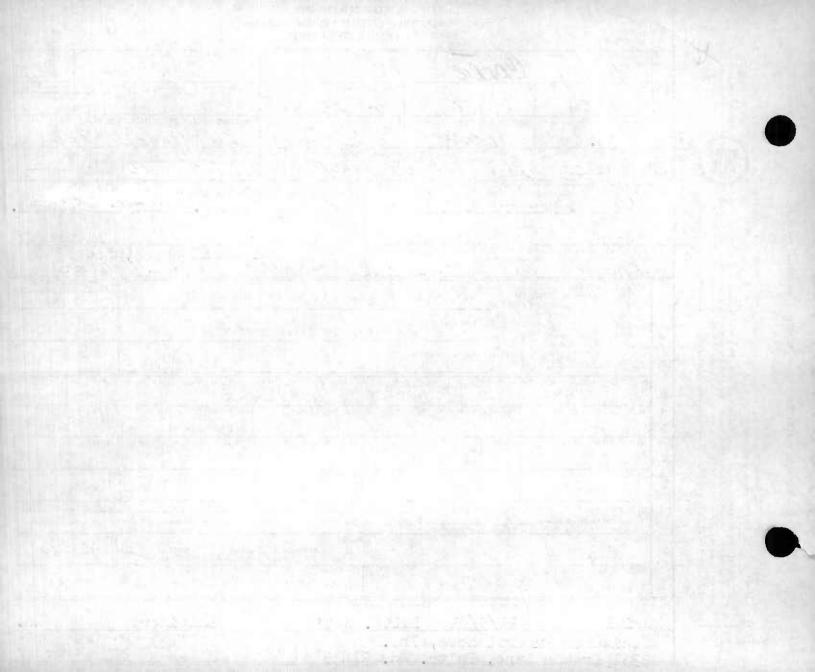
3331 Brehms Lane, Balto, Md.

DHMH-16 30M 2/80

(VRA 15, 4)

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

(VRA 15, 4)

ALCOHOLD BELLEVISION OF THE PROPERTY.

	1.	FOR I tems 4, I	er phone	DEPARTMENT OF	HEALTH AND MENTAL HYPERICATE OF DEATH	GIENE 8	2890
W.		CEASED NAME FIRST	onia	BB M	urphy	20. DATE OF DEATH MONTH	JAY YEAR 26 HOU
(M)	3. SE	MALE	Black	MONT	OF BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	
A STANFORD	臣	RTHPLACE (STATE OR FOREIGN OUNTRY) ALTIMORE ITY OR TOWN OF DEATH	U.S.	MARRIE WIDOW		9. BALTIMORE CITY OR COUN	
Tent of the state	B	ALTIMONE	B C	H FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINE INDUSTRY
4 April 35	130. S Ma			13¢ CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5506 Norwood	Avenue 212
1 0 0 0 3 C	1	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	A MIDDLE	HURTHY
Poges		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, (ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
ertificate ng physicie conpoper removal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per ISED BY IATE CAUSE (a)	TUMPTUK	2174.		APPROXIMATE INTER BETWEEN ONSET AND
of the death of the offending se remove conferencion, or cremation, or other troumoti		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	(b)	R AS A CONSEQUENCE OF			
equires the signed to Then plea to buriol, or o	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION C	GIVEN IN PART TIO
he low re on. hos been t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPERATIO	ON WAS PERFORMED	INCER	YES, WERE FINDINGS USET TIFYING CAUSES OF DEAT YES NO
PHYSICIAN: T ending physici this certificate the buriol-tronsi and Mental Hygi d or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER MOTIFY MEDICAL EXAMIN	DEATH HOUR A.A	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2}
ottendin ottendin fer this os the bu h ond Me	MEDICAL	21d INJURY OCCURRED WHILE AT WORK	21e PLACE C (AT HOME, STRE	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY ST.
OTTENDIA Spitol or STOR: Af for use of of Health		270-1 certify that (I) (this has sow the decased alive above, (I) (we) (did) (did			nd that in (my) (our) apinion	death occurred on the date and h	, 19, that (I) (v our and from the couses sta
AL OR ATT the hospit AL DIRECTO detoched for ote Dept. of IT. If Item 21		22b. SIGNATION	DUME		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITA retoined by TO FUNERA should be do with the Sto		22d. PHYSICIAM'S NAMP (TYP) NARCI'S		NG		THORE CITY H	HUSPITAL.
BP	23a. E	BURIAL, CREMATION, REMOV SPECIFY) Removal		23¢ NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STA
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FI	UNERAL DIRECTOR NAME Baltimo	re City H	ADDRESS	25 NO	EREC'D. BY REGISTRAR 25b REG	ISTRAR'S SIGNATURE

26/18 968

MARYLAND 21201

W. PRESTON

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DIVISION OF VITAL RECORDS,

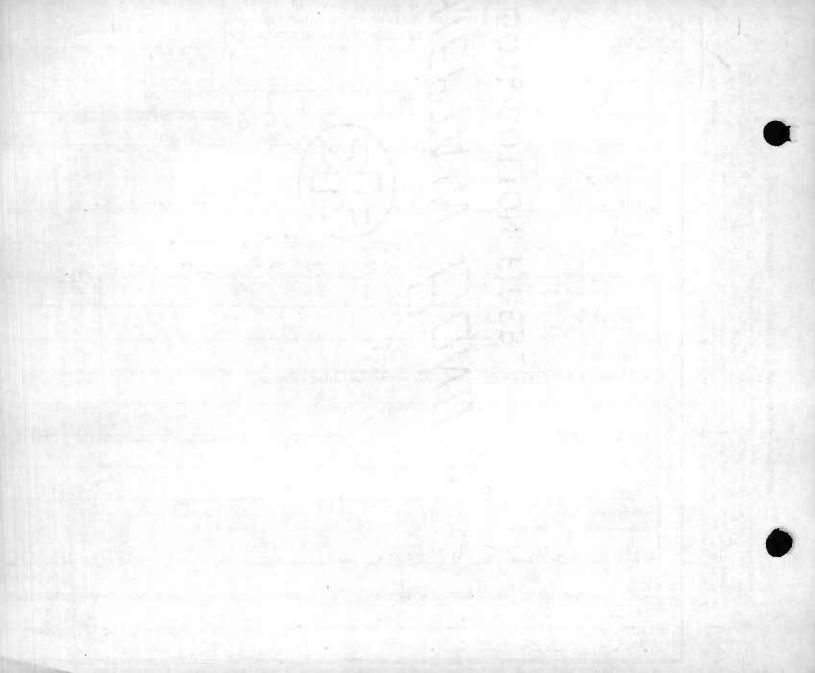
Andria 2.1 [And r] . And intend on factor can be seen as in the street selected the first first the street made that it. prespication of food in large Color Sieves Marchen Colored The real constants to the land land and the second of the land of TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filler in by should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be then with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

V	Ľ	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG ICATE OF DEATH	IENE B	2 8)	08
U		ECEASED NAME FIRST PE OR PRINT)	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY		26 HOUR
-	3 SE		Idred M MI	urray	OE BIRTH	November 2			M IF UNDER 24 HRS
A)		Female STATE OR FOREIGN	White	MONT		79	YRS	DAYS	HOURS MIN.
35	Bo	iltimore, Md.	76. CITIZEN OF WHAT COUNTRY?	WIDOW		Baltimore City o	_	EATH	MD.
1/8		Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Maryland Gener	address)		120. USUAL OCCUPATI (TYPES F WORK FOR MOST O	F WORKING LIFE)	DUSTRY .	BUSINESS OR cival Man
2	Me	aryland Balt	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134 CITY OR TOW invre Harbor	N.	13d. INSIDE CITY LIMITS? YES NOW	13e STREET ADDRESS	Allion 5	20 5.	46th.Sx
au Sc	14. F.	ATHER'S NAME FIRST	MURTAY		15 MOTHER'S MAIDEN NAM	WE		LAST	
dicol		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
e a		No -	172-01-6	167	Joan G. Merl	ing 520 S.	46th St	reet	21224
y injury, or other trau	TION		DUE TO, OR AS A CONSEQUE (c) Leukemia, CONDITIONS CONTRIBUTING TO D	NCE OF Acute DEATH BUT					
9	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	E FINDING CAUSES O	S USED F DEATH?
18 ×1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OF	RPART 2)	
rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR TO	wn cc	YIMUC	STATE
MPORTANT: If them 21 is marked or Item 18 shows ony		saw the deceased always or above, N) (we) (did) Add Ad	November 21, 19		er 1, 19 81 and that in (my) (our) opinion d	, to November leath occurred on the do	7		ot (I) (we) lost
T. H Her		226. SIGNATURE	mit		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	2c. DATE SI	GNED 21/81
APORTA	N	224 PHYSICIAN'S NAME (TYPE O			c/o Maryland	General Ho	spital		
_		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			n Cemetery	23d LOCATION CITY OR TOWN Eastern B	Lud Balt	0.60	STATE M
/81		S. Zeiler & So	n Inc. 6224 East		250 DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATUR	Warthen

DHMH - 16 50M 1/81 (VRA 15, 4)

	remarkable			
THE DESIGNATION OF THE PROPERTY.		Mr. 1.71	le borblin	
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November 21, 21 3		18 Let	The well-	
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			.0.1	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME MIDDLE 2h HOUR (TYPE OR PRINT) OF ESTI-R FILES. HOURS STREET, DEATH MATED ROBERT MURRAY 3 SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR WAL UN YEAR LAST BIRTHDAY) PRONOUNCED 44 37 6:13F DEAD 11-17-019 black male S AFTER DEATH. IF ANY LELY.
GIVE PAGES 1, 2, AND 3 TO THE F. LETAL
THE FORM PM 3. RETAIN PAGES.
PAGES 1 AND 2 SHOULD BE FILED.
WINNING OF VITAL/RECORDS, 20 V PEET b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Je BIRTHPLACE MARRIED X NEVER MARRIED FOREIGN COUNTRY MD USA Baltimore City WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET Sinai Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13r CITY OR TOWN 13d INSIDE CITY LIMITS? 13ª STREET ADDRESS YES X 651 MD Baltimore NO Dumbarton St 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VITA MIDDLE LAST MIDDLE Earl LAST T. Murray PAGES 1 AN Mamie James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT (YES, NO, OR UNKNOWN) 215-40-2792 Mamie Murray 2323 Harford Rd APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). EXECUTE THE CERTIFICATE, WRITING THE WURD PRIVALE MANINER ALONG W PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT FERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALLIMORE, MARYLAND, 21201 PRIOR TO THE TEMPORAL CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stabwound to chest IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 198. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V 716 EXTERNAL CAUSE WAS 216. TIME OF INJURY 2TO HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING subject stabbed MEDICAL CONTRIBUTING TCAUSE OF DEATH 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, II LOCATION STREET, FACTORY, FARM, ETC.) Dumbarton Avenue Baltimore. Maryland NOT WHILE XX AT WORK ome 22a I certify that I took charge of the remains described above, held on Autopsy and in my apinion Hamicide XXX Undetermined manner death resulted fram: TITLE (SPECIFY) ACTUAL DATE SIGNED 11-18-81 SIGNATURE EXAMINER'S NAME 111 Penn Street ADDRESS 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Baltimore Cem Baltimore BP 250. DATE REC'D. BY REGISTRAR 250 REGISTRAL STIGNATURE 24. FUNERAL DIRECTOR pances **DHMH-17** TTO1 E. North Ave. C. March F/H (VR A15 ME (5) 15M 2/80



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

although a salthough ... although ...

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN [X] MONTH (TYPE OR PRINT) ALLEN MYERS DEATH MATED 4. RACE 2d HOUR PRONOUNCED 12:30 July 13,1918 63 DEAD 11-1-81 19 white 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore City Pennsylvania WIDOWED DIVORCED Steel Worker SHOULD BE F South Baltimore General Hospital Retired Baltimore NI COUNTY CITY OR TOWN Len Burnie 13a. STATE Glen 13d. INSIDE CITY LIMITS? 231 Williams Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Allen Myers Edward Maude Trimmer 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO ADDRESS YES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Joy D. Myers, wife, same as WW 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries with complications DUE TO, OR AS A CONSEQUENCE OF onditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is ED AS A P E 3 SHOULD BE USED DEPARTMENT OF HE DI PRIOR TO BURIAL 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM TO PRART?)

driver of auto/fixed object impact 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING X NOR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY STREET FACTORY, FARM. ETC.) 3500 Potee Street COVO Battimore, Maryland PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALTIMORE, MARYDAND, 21201 WHILE AT WORK AT WORK X 220 I certify that I taak charge of the remains described above, held on Autopsy and in my opinion Undetermined manner TITLE (SPECIFY) DATE 11-1-81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23r NAME OF CEMETERY OR CREMATORY STATE Burial Nov.81 Crownsville Veterans Crownsville BP 24. FUNERAL DIRECTOR **DHMH-17** James S. Kirkley, GTen Burnie, Md. (VR A15 ME (5) 15M 2/80

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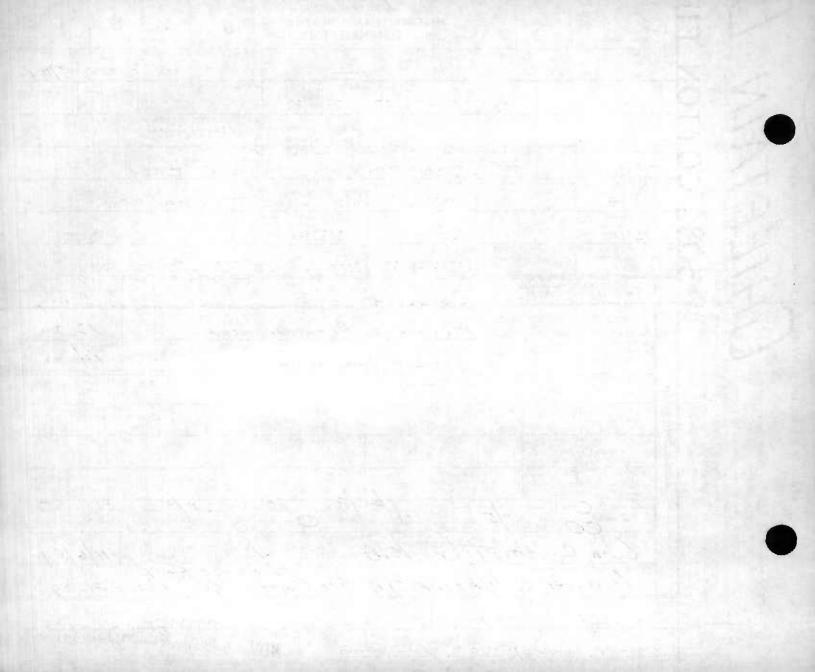
DHMH - 16 50M 1/81 (VRA 15, 4)

injury, ar ather traumatic ev

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	10.	9	
	CEASED NAME	FIRST	Sall Train	MIDDLE		LAST	2a DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	Jar	nes			1	Myers		11 5	1981	700 PN
3. SE	x male		4 RACE black		5 DATE O	OF BIRTH	6. AGE (IN YEARS LAST BI	MC	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
	RTHPLACE (STATEOR COUNTRY) Balto.	FOREIGN	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	Baltimore City of Baltimore		OF DEATH	MD
	Baltimore		725 N	 Fremont 	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) truck di	OF WORKING LIFE)	12b. KIND O INDUSTRY	OF BUSINESS OR
13a S	AL RESIDENCE (IF NURS STATE Md ATHER'S NAME	136 COU		I31. CITY OR TOW Balto.	N	134 INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 725 N. F1	remont	Ave.	
	Arthur WAS DECEASED EVER	INI II C AF	MIDDLE	Barnes	BITULLO	15. MOTHER'S MAIDEN NAME FIRST Lillian	WIDDLE	F.C.C.	Mye	
	YES, NO OR UNKNOWN)		VE WAR OR DATES)	212-12-6		Anna M. Myer	725 N. I			
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly one cause per D BY. TE CAUSE (a)	line far (a), (b), and					BETWEEN	ONSET AND SEATH
	Conditions, if any,		DUE TO, O	AS A CONSEQUE	NCE OF	40ENOCAR	CINOMA		12	2 mo
	cause (a), stating underlying cause	ng the	DUE TO, OI	GASTR		ARCINO MA			14	l mo
NOI	PART 2 OTHER SIGN	NIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	2
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYI YES	WERE FINDIN	OF DEATH?
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MED	21d INJURY OCCUR!	TILE RK		EET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR TO	wn /	COUNTY	STATE
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	22b. SIGHATURE	CO	calley	tule .	hu	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF IAN 🗆	11/6	SIGNED
	22d PHYSICIAN NA	AME (TYPE O	C al	ATERPI	ELD	900 CATE	AGNES K	BAL	7 212	229
230 E	BURIAL, CREMATION, (SPECIFY) burial	REMOVAL	23b. DATE 11/9/8			eterans Com	23d LOCATION CITY OF TOWN Crownsy		сарну	or Md
	INERAL DIRECTOR illiam C.	N/->-7-		ADDRESS	-la 7	enue	REC'D. BY REGISTRAR	SHA GISTA	Juni	Chan Class
AA.	TITION C.	MALCI	L'U TIC	T E. MOL	LII AV	enue	J + 0		18.1	



CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖂

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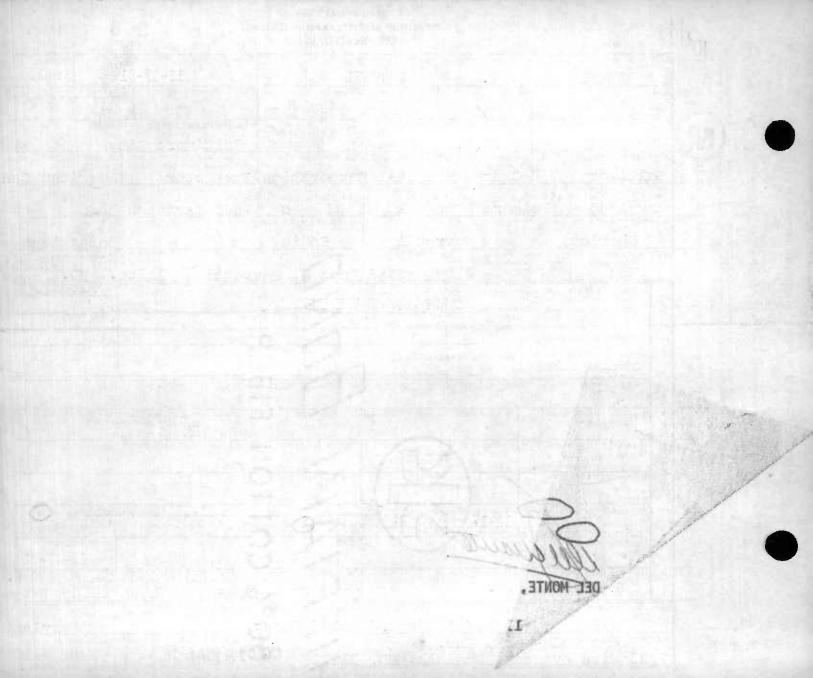
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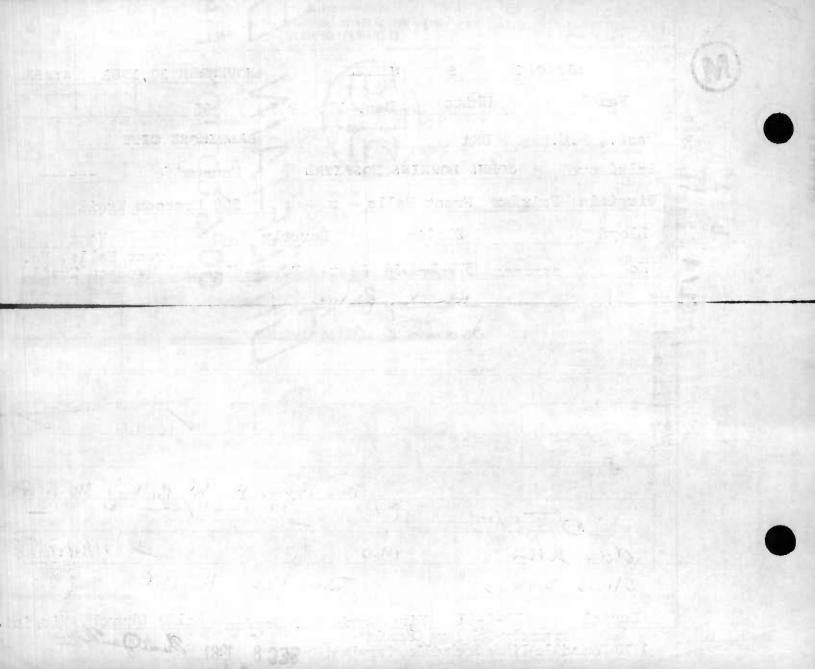
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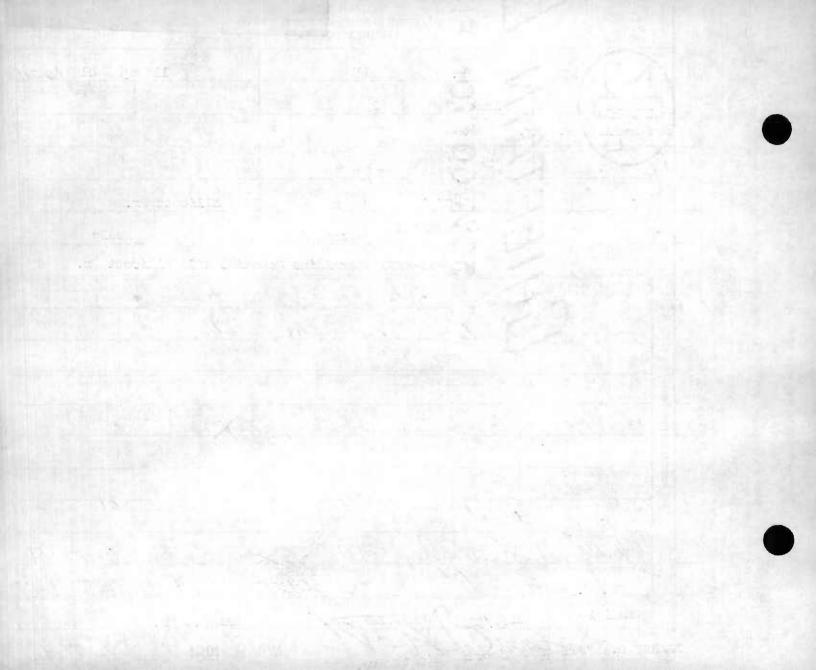
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 12

CERTIFICATE OF DEATH



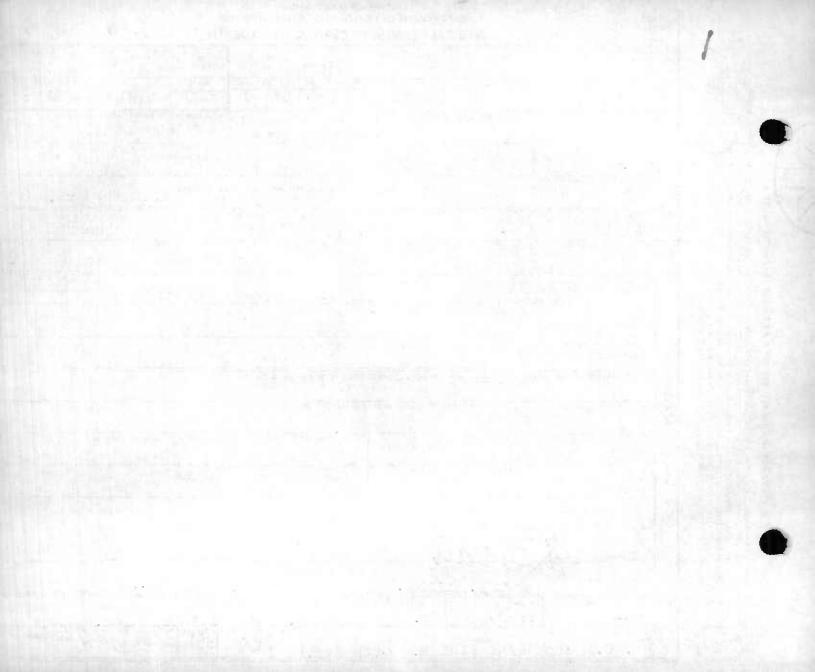
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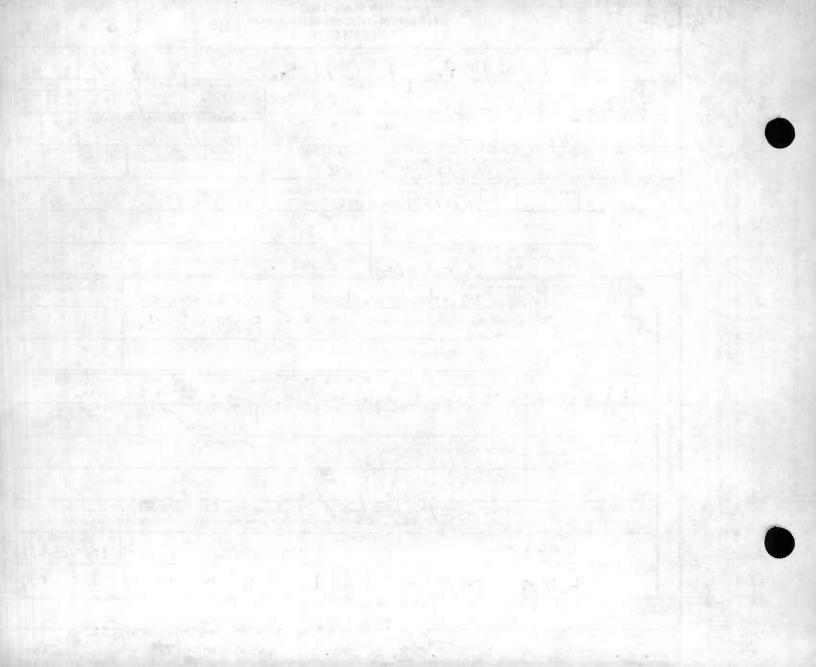


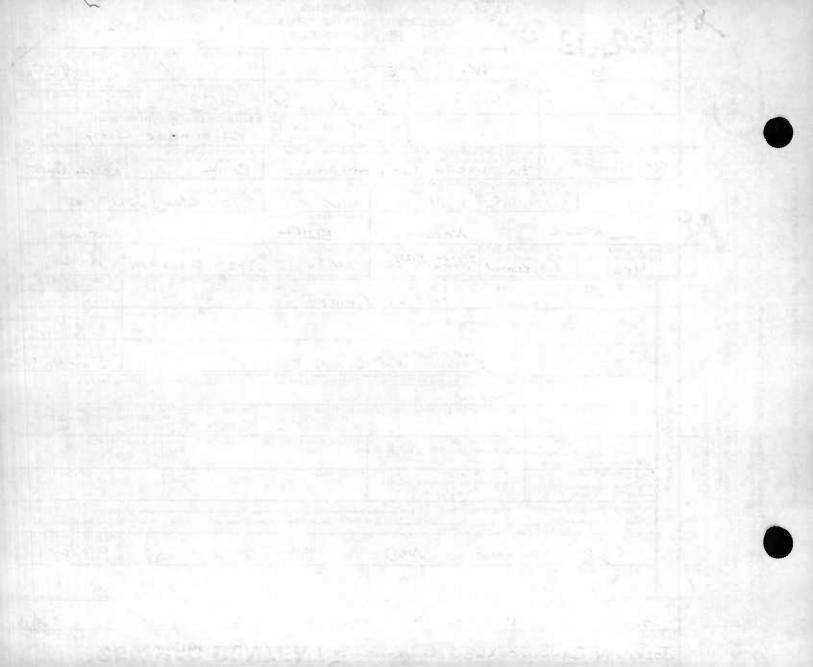


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN X 2a DATE 7h HOUR (TYPE OR PRINT) ESTI-Nelson Ethel DEATH MATED 5 19 87 2d HOUR 1 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 53 yps PRONOUNCED 5:05 81 black 23 female DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED | NEVER MARRIED X FOREIGN COUNTRY! Baltimore City USA MD DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 SAYPETMOre 13d. INSIDE CITY LIMITS? 13. STREE ADDRESS Druid Hill Ave. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Bennett William Nelson Nellie 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) N/A Emma Grace Jackson 4 Shipley Ave. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) USED AS A BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HEALTH AND MENTAL HYGIENE, I., CREMATION, OR REMOVAL. Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Inspection Hamicide T Undetermined manner TITLE (SPECIFY) 11/5/81 ACTUAL Assistant SIGNATURE EXAMINER'S NAME 111PennStreet, Balto., MD 21201 Hormez R. Guard.M.D (TYPE OR PRINT) 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23g, BURIAL, CREMATION, REMOVAL 23b, DATE STATE Calvary Cem Burial Baltimore MD 250. DATE REC'D. BY REGISTRAR 14M REGISTRAR 5.91GN 24. FUNERAL DIRECTOR DHMH-17 C. March F/H 1101 E. North Ave (VR A15 ME (5))

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- STATE

(TYPE OR PRINTS

REGISTRAR

DECEASED NAME

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

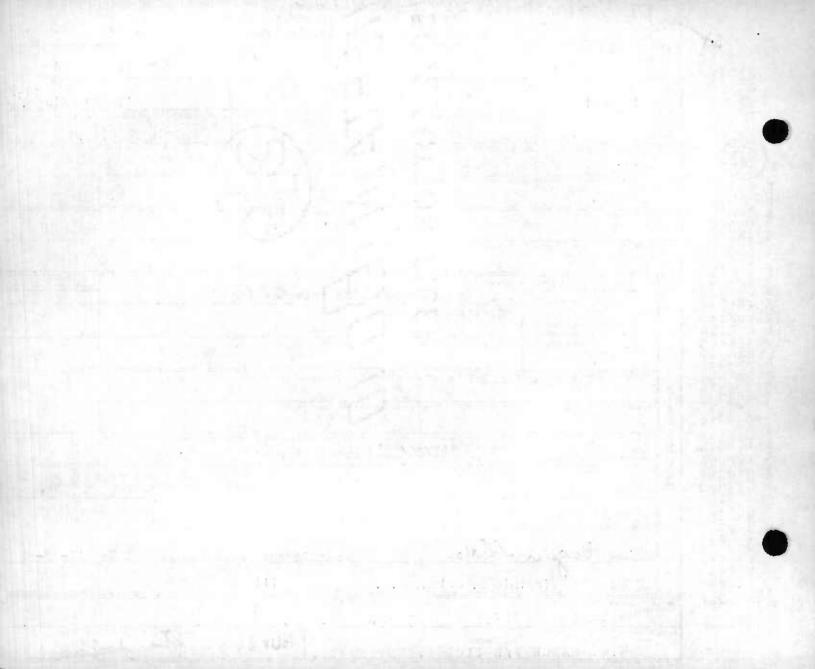
CERTIFICATE OF DEATH

REG. NO

2a DATE OF DEATH

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h	Items #18a-22a FOR STATE	Film G563 1/13/82r5TA DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGIE	NE 2 R	9 9 9
1 0	REGISTRAR DECEASED NAME FIRST TYPE OR PRINT) The	T MIDDLE	NICHOLSON Bolden	20. DATE KNOWN MONTH OF ESTI- DEATH MATED XX	DAY YEAR 26 HOU! 26 19 81
N 72 HOURS TON STREET,		5. DATE OF BIRTH AND THE STREET OF WHAT COUNTRY?	ARS IF UNDER 1 YR. IF UNDER 24 HRS AY) MONTHS DAYS HOURS MIN.	PRONOUNCED DEAD	27 1981 a.
B	ALTO., MD.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Ci	ity, M
200	Baltimore /	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 826 Harford Court	FOI	SUAL OCCUPATION (TYPE OF WORK R MOST OF WORKING LIFE)	OR INDUSTRY
	STATE MD.	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BALTIMOF	RE 13d: INSIDE (ITY LIMITS? 13e ST	REET ADDRESS ORD CT.	
20 IL	FATHER'S NAME HARRY	MIDDLE BOLDEN	15. MOTHER'S MAIDEN NAM MARGIE	NE MIDDLE	HOLMES
	. WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES) 16b. SOCIAL SECURIT NONE	MARGIE BOLD	EN ADDRESS	BERT ST
IND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL MEDICAL CERTIFICATION	Conditions, if ony, what gove rise to immed couse (a) stating the unclying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS AND CONTRACT CONTRAC	DUE TO, OR AS A CONSEQUENCE (b)	DF		
JEICATIO	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY? YES XX NO □
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH P.M. MONTH PARTY DEATH	Ingested drug	R NATURE OF INJURY IN ITEM 18 PART 1 OR PART	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	826 Harford Cour	t Baltimore cour	Md . STATE
BALTIMORE, MARYLAND, 2	ACTUAL SIGNATURE	narge of the remains described abave, held on atural couses , Accident , Su , Accident , Su , Accident , M.D. , M.D.	TITLE (SPECIFY) M.D. <u>Assistant</u>	Inquiry , ond in my opin elermined manner , DICAL EXAMINER SIGNED	11 27 01
23a.	BURIAL, CREMATION, REMOVA	236. NAME OF CEA 12/1/81 ARBUTU	CIT	OCATION Y OR TOWN COUNT	Y STATE



STATE

REGISTRAR

24 FUNERAL DIRECTOR

William C. March F/H 1101 E. North Avenue

DHMH - 16 50M 1/81

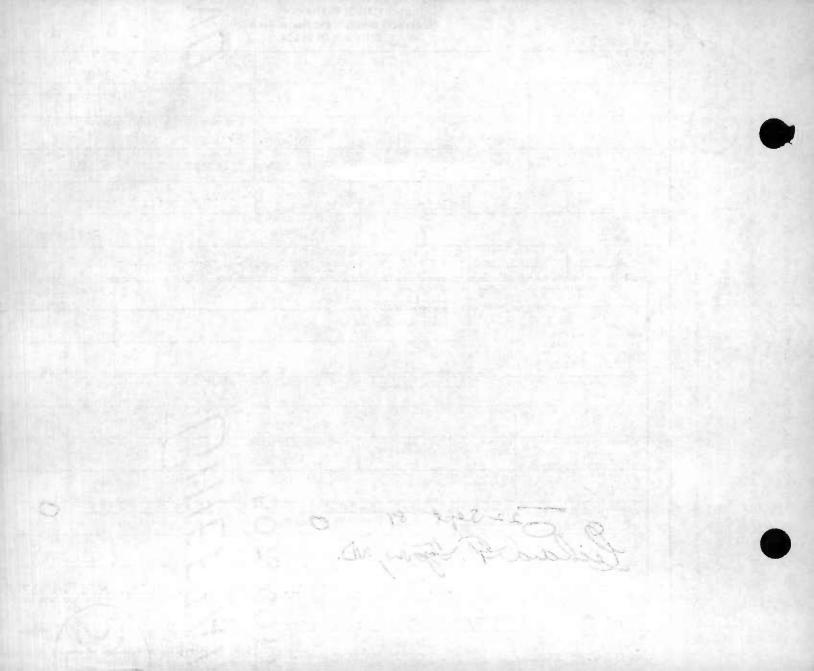
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

1981 Crances



	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 8 o.	3	2 3
	I. DECEASED NAME FIRST (TYPE OR PRINT) Albert	John	Novak -	Nowakowski	1-15-81	MONTH DAY	YEAR	11 P M
Ì	3. SEX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS	_	HOURS MIN
1	Male	White	8	3 26	55	YRS.		
d	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIE	D NEVERMARRIED E	9 BALTIMORE CITY O	_	ATH	
2	Maryland OCITY OR TOWN OF DEATH	U.S.A.	WIDOWE		Baltimo	re City	KINID OF	MD, BUSINESS OR
)	Baltimore	Jenkins chemoral	Ave. B	alt: Md. 2122	(TYPE OF WORK FOR MOST O	F WORKING LIFE) IND	USTRY	503114E33 OK
-	USUAL RESIDENCE (IF NURSING HOME (30. STATE 130. COL	JNTY 13c. CITY OR	TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
>	Maryland A.A	A. Co. Linth	icum	YES NOX	518 Ship1	ey Road	2109	0
	Frank	MIDDLE LAST Nowak	cowski	Anna	WIDDIE		Ra	iche1
)	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRE	SS		
1	NO	217-26	5-7742	Rosalie J. S	Sauers 1839	Clark B		21227
	PART I. DEATH WAS CAUS	DUE TO, OR ASTA CONSE	- And	nells for- Uthands	Gosto en Piso	porify,	EIWENOP	LATE INTERVAL VISET AND DEATH
		CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN F	ART 11a	
,	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	TICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING O		
,	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED		DAY YEAR	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	Y IN ITEM 18, PART 1 OR	PART 2)	
	WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TOV	vn cou	:NTY	STATE
	sow the deceased alive of abave, (I) (we) (did) (did)	pital) attended the deceased from	19, ai	nd that in (my) (our) apinion	deoth occurred an the do		rom the co	
	22b. SIGNATURE	nyn			MEDICAL STAI DIRECTOR PHYSIC	F	11/	16/81
	GEORGE TH	PRINTI U		Wilkin ,	Avenne	3350	1-7	44

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicio

morked or Item 18 shows

should be detoched for use os with the Stote Dept. of Health MPORTANT: If Item 21 is

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

St. Stanislaus Cem.
Balto., Md. 21229 24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

11/19/81

236 DATE

23d LOCATION CITY OR TOWN Baltimore

Maryland

James Contraction (No. 21 Contraction) 1120.04 Jewining Mesons 1. Lose 1000 S. Caton Ave. Balt; HH. 21229 " - 14 eterstands for it mysters. It is the it is not been to THE BURNISH FOR THE PARTY OF THE PARTY. - STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City. (TYPE OF WORK FOR MOST OF WORKIN INDUSTRY Medical Ass't Medicine 13e. STREET ADDRESS 8806 Fox Hills Trail MIDDLE Kendall M. ADDRESS 41-42-4471 Mrs. Winifred M. Nunlist Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED Abodone IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN STATE \$1_, and that in (my) (aur) apinion death occurred on the date and haur ond from the causes stoted 22c. DATE SIC DIRECTOR PHYSICIAN 23d LOCATION Nov. 1981 Gate of Heaven Burial Cemetery Silver Spring 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral P.A. Bethesda, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 52

CERTIFICATE OF DEATH

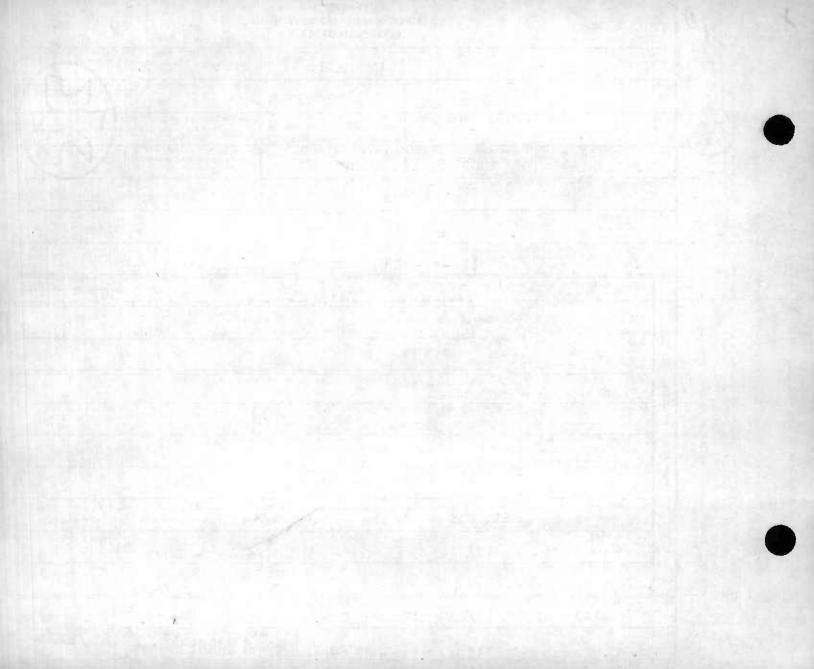
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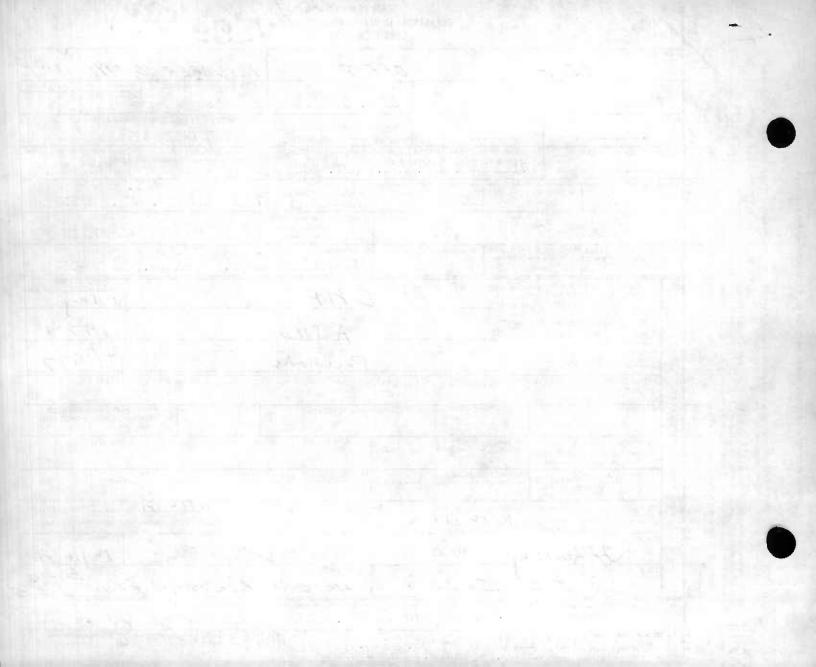
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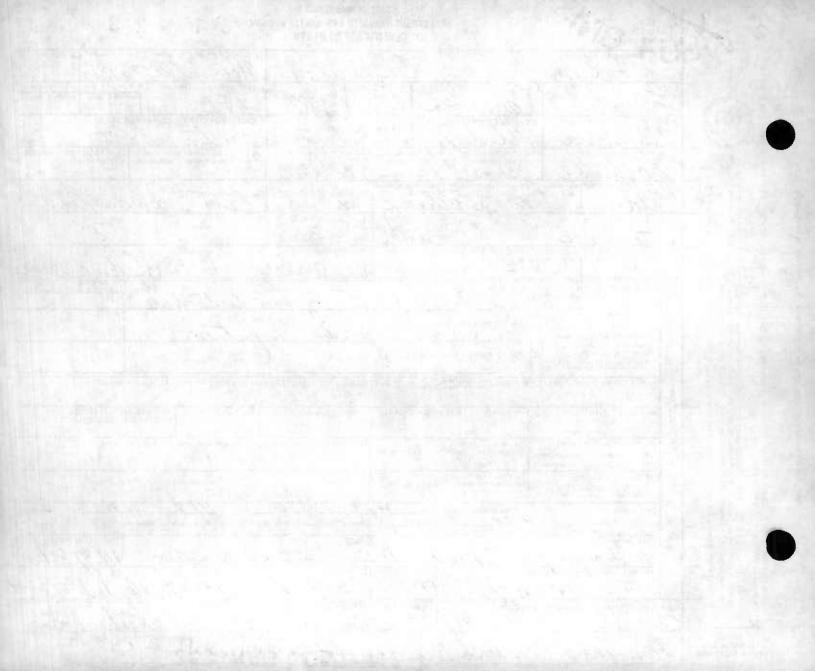
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Balto., Md. 21229

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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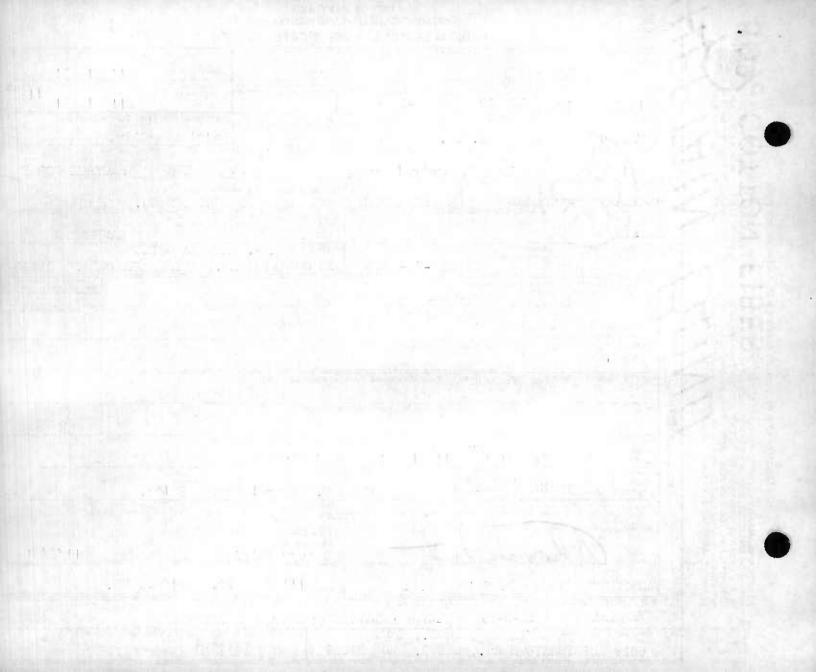
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24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-OF DEATH MATED Ostrow Edward 198 14 HOUR 14:30 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE , 2, AND 3 TO THE FUNERAL DIRECT 3. RETAIN PAGE 5 FOR YOUR 12 SHOULD BE FILED, WITHIN 72 HOAR RECORDS, 201 W. BRETAIN 72 HOAR LAST BIRTHDAY PRONOUNCED MAY 12, 1940 41 Male White DEAD 76. CITIZEN OF WHAT COUNTRY? 26 BIRTHPLACE ISTATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY U.S.A. MARYLAND DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 1300 N. Central Avenue PROPRIETOR Baltimore PACKAGE GOODS USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONE No. COUNTY 134. INSIDE CITY LIMITS? 130 STREET ADDRESS 13a. STATE BALTIMORE MARYLAND REISTERSTOWN YES NO 2 33 COLISTON RD. 21136 CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. USED AS A BURRAL TRANSIT PERMIT. PAGES 1 AND 2 SING HEALTH AND MENTAL HYGIENE, DIVISION OR VITAL. I 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MORRIS OSTROW SADIE LAFFERMAN 17 INFORMANT MRS. BARBARA AUSTROW 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 218-36-2526 33 COLISTON RD., REISTERSTOWN, MD CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wound to head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PROFE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FOUND BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? YES X NO [21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY UNDERLYING OR OF DEATH subject shot 11: 15M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE NOT WHILE AT WORK 1300 N. Central Md street Ave. Balto. Autopsy X 22a I certify that I took charge of the remains described above, held on Inspection Hamicide X Adtural causes Undetermined manner TITLE (SPECIFY) ACTUAL 11/2/81 ChiefDICAL EXAMINER DATE EXAMINER'S NAME III Penn St. Balto., MD. Thomas D. Smith. M.D. 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL COUNTY STATE 11-3-81 ADATH YESHURUN (SODOVA) BALTIMORE BP. 74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC 6010 REISTERSTOWN RD., BALTO., MD BROS., INC. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH - 17** 21215 (VR A15 ME (5) 15M 2/80



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STATE OF MARYLAND

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			nna VNA	В.	MIDDLE OS	strowska OSI r	owsk'		2a. DATE OF DEATH		DAY YEAR 13/1981	26 HOUR 4:40 PM
	3 SE			4 RACE	/		OF BIRTH	YEAR 13	6 AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
7		RTHPLACE (STATE OR F Hungary		U.S.A.	WHAT COUNT	TRY? 8 MARRIE WIDOW		ARRIED	9 BALTIMORE CITY C	COUNTY	OF DEATH	Ly MO
3		BALLING	12	Good	SAMA	Ritan H	OS DITOL	ITUTION	170 USUAL OCCUPAT	DE WORKING LIE		
5	13a. S	Md.	13h COM Bal	ITY	13c. CITY OR 1 Balt	TOWN	13d INSIDE CI	NO 🔀	13e STREET ADDRESS 8231 Laure	el Dr.		
C		ATHER'S NAME Unknown		WIDDLE	LAST IA+H	IAS		FIRST	MIDDLE		nown LA	51
2		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES		-28-186	7 Casin		ADDR Ostrowski,			Dr .
	Z	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	which nediate g the lost	DUE TO, O	r as a conse r as a conse	EQUENCE OF	breas NOT RELATED		INAL DISEASE OR CON	DITION GIV	EN IN PART 10	0
7	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WH	HICH OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDING CAUSES	NGS USED OF DEATH?
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		220.1 certify that (1) sow the decease obove, (1) (we) (d) 22b SIGNATURE	d alive on	11/131	1	19 8 1 .0	DEGREE	our) opinion o	deoth occurred on the d		r and from the	
		22d PHYSICIAN'S NA	ME (TYPE O	R PRINT)		1 (1	220. ADDRESS	HYSICIAN _	mautan		spital	J 0 1
	23a. E	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	23b DATE 11-16			EMETERY OR C		23d LOCATION CITY OR TOWN Balto.	. Md.	COUNTY	STATE

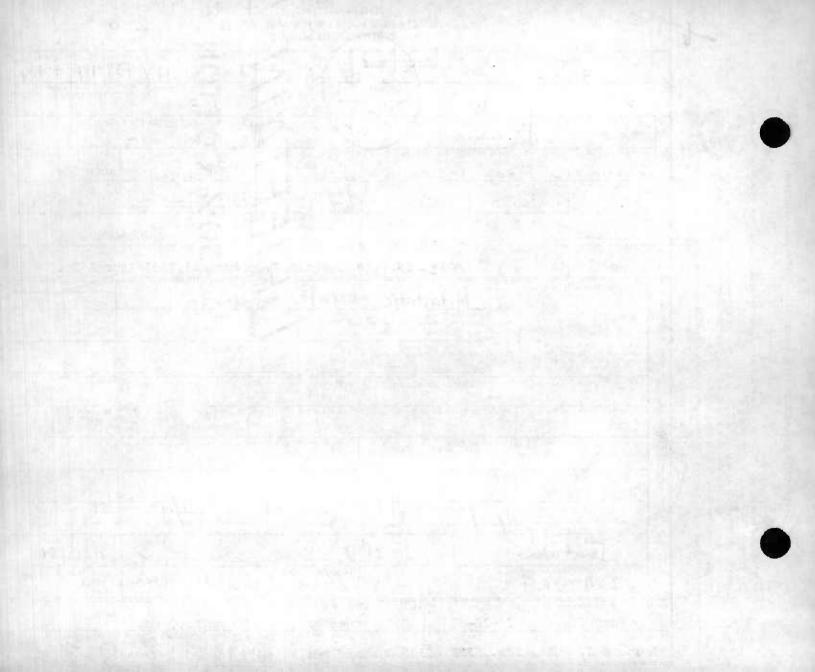
DHMH - 16 50M 1/81 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc., 8888

5305 Harford Rd.

250. DATE REC'D. BY REGISTRAR 256. PSG ISTRAR'S SIGNATURE Manue C



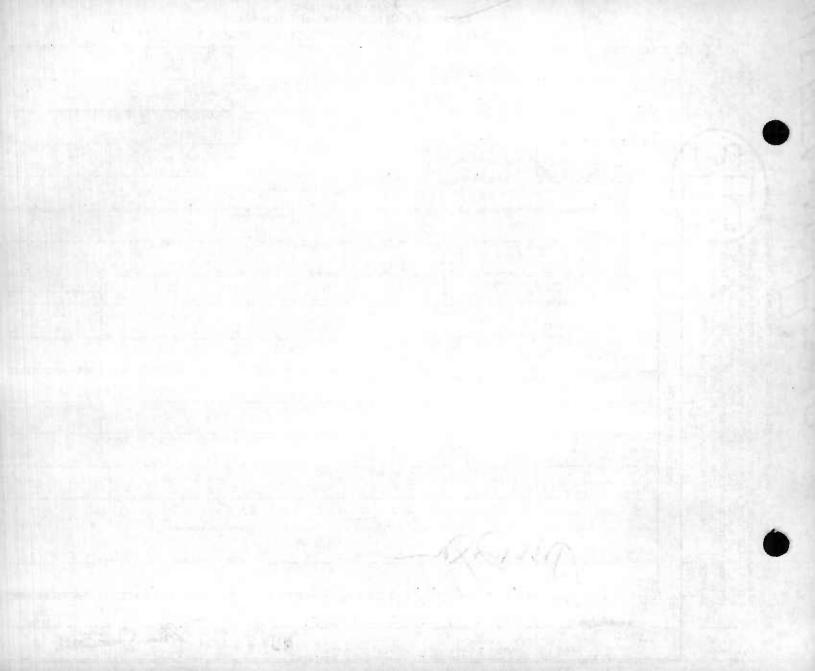
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6			STATE REGISTRAR			DICAL EXAMIN			(3	REG. NO.	. 0	7 3	3
11.00			CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	2a. DAT	E KNOWN TY	MONTH DA	AY YEAR	2b. HOUR
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RECO	MEEALT CRE	CERTIFICATION	19a DATE OF OPER	ATION	19h CONDIT	ION FOR WHICH OPE	RATION	AS PERFORMED?		V PET	121	0 AUTOPSY?	
DIVISION OF VITAL	INER: THIS CERTIFICATE SHOULD INCATE, WRITING THE WORD "PER E CORWARDED TO THE CHIEF M. TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD, 21201 PRIOR TO BURIAL, C.	IFIC/			175. CO. 151.						21	YES [X	
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	A HE SHA		SIGNATURE	NU	DWork	1 Mach		Deputy Ch	i e fmedical ex	AMINER	DATE SIGNED_	11/2/8	31
	WE TO THE TOTAL	-	EXAMINER'S NAME	Th	omas D	Smith, M.)	[]	Penn St.	Balto	. MD.		
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2	23a, B	(TYPE OR PRINT)			23c, NAME OF CE			23d. LOCATIO				
A JA	/ RP	(5	Burial		v.6,1981				CITY OR TOWN		COUNTY	. Caro	lina
000	DHMH-17	24 FI	JNERAL DIRECTOR		ADDRESS			250. DATE	REC'D. BY REGIST	RAR 256 REGIS	TRARE SIGN	NO 1/2	200
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN X YEAR a. DATE 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 28 81 HARRY PARHAM GILBERT 19 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 5:30 LAST BIRTHDAY PRONOUNCED 52 28 19 81 6 27 29 DEAD a male nearo FUNERAL 5 FOR Y I. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) BALTO., MD. USA Baltimore City WIDOWED [DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 18. GIVE PAGES 1, 2, AND 3 TO TO TO WITH FORM PM 3. RETAIN PA NT. PAGES 1 AND 2 SHOULD BE FIS., DIVISION OF VITAL RECORDS, 2. 436 E. Biddle St Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 COUNTY 13a. STATE 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE MD. YES X 438 E. BIDDLE ST. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST FIRST WILLIAM HARPER PARHAM MARJORIE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) NO 217-62-5387 MAJORIE PARHAM 438 E. BIDDLE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) F MEDICAL EXAMINER ALONG WED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DIL CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY Intravenous narcotism IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 |0| CERTIFICATION 19g, DATE OF OPERATION PARTIAL 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED SHOULD BE USED BETTER DEATH, WITH THE STATE DEPARTMENT OF HIS BALTIMORE, MARYLAND, 21201 PRIØR TO BURIAL. NO L 216. TIME OF INJURY 71g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22g. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry Hamicide death resulted fram: Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL 11-28-81 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St. Dixon. M.D. Ann M. (TYPE OR PRINT) 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BALTIMORE CEM BURIA MD THE REGISTRAR'S SIGNAL URE 24 FUNERAL DIRECTOR DHMH-17 (VR A15 ME (5) W.C. MARCH F/H 1101 E. NORTH AVE

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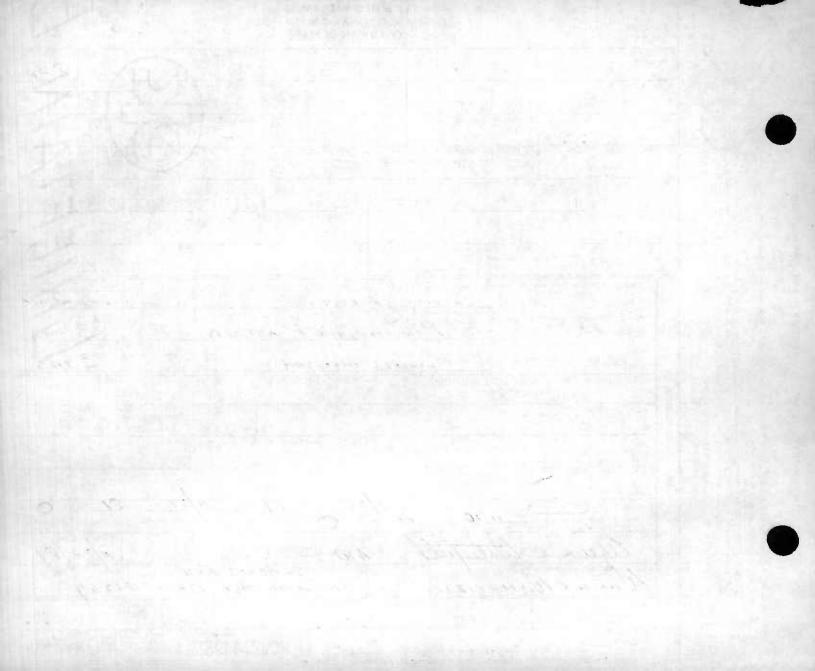
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11/	9	JAU	IES A	PARKER		11 26 81 12:30Am
	3, 58	* u	BLACK SE	ATE OF BIRTH MONTH DAY YEAR G 23 09	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER : YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
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1/2 31 17/	10 0	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	ON 126. KIND OF BUSINESS OR
102		SALTIMORE	=INAI F	TOSPITAL	KETIR	ENDUSTRY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 heart after this certificate has been signed by the attending physician and completely filled in the ost the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should to fill and Mental Hygiene prior to burial, cremation, or removal. Orked or them 18 shows ony injury, or other troumottic event, the medical examiner may be a shown on the complete that the medical examiner may be a shown on the complete that the medical examiner may be a shown on the complete that the medical examiner may be a shown on the complete that the medical examiner may be a shown on the complete that the complete	13a.	IAL RESIDENCE LIF HURSING HOME OR STATE	THE INSTITUTION GIVE RESIDENCE BEFORE ADMISTY 130. SITY OR TOWN		13e. STREET ADDRESS	HOLLY ST
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The laction.	CERTIFICATION				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
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ND III Or Week A Use Jeoking is me		22a.1 certify that (1) (this hospit	ol) attended the deceased from	125 1981		6 , 19 8 , that (I) (we) last
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OR AT OREC: DIREC: Dept. oched f		22h SAGNATURE	11 Duran a 111	DEGREE	MEDICAL STATE	22c DAT SIGNED
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1110		BURIAL, CREMATION, REMOVAL		OF CEMETERY OR CREMATORY	23d. LOCATION	COHNEY
0 7 0 BP		BURIAL	12-2-81 ARBU	ITUS MKN PIL	ARBUTUS	KALTE CO MO
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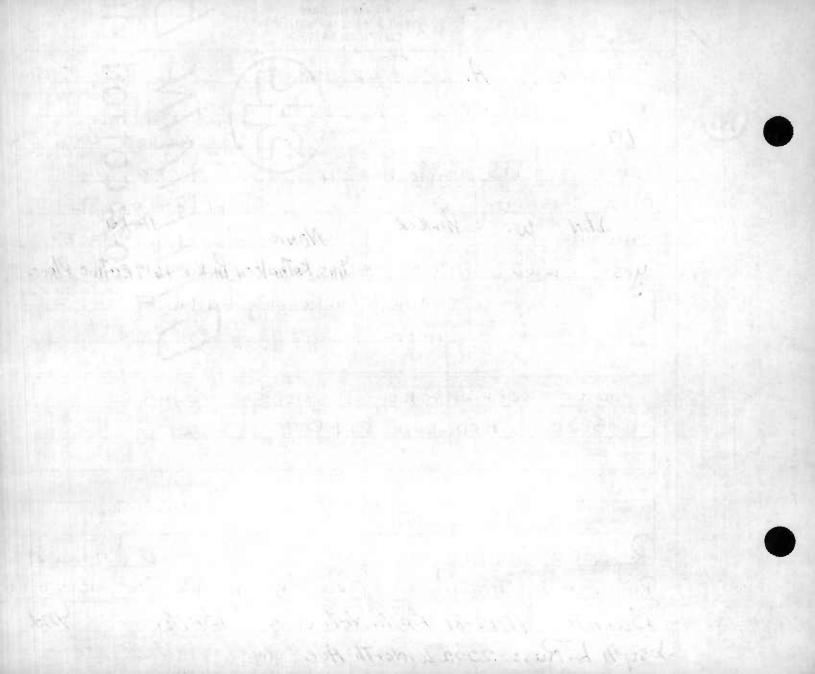
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C MARCH F/H 1101 E. NORTH AVE

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





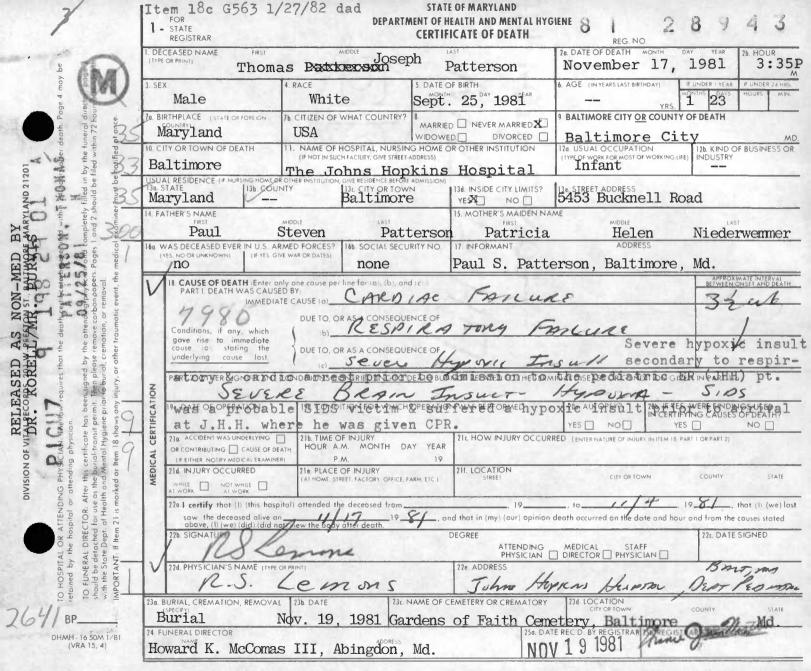
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		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YE	
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6			1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 1	28942
	2 71			CEASED NAME OR PRINT) Stanl	MIDDLE	Pasto	REG. N	0. MONTH DAY YEAR 26 HOUR 11 16 81 2:45 PM
			3 SE	nile	white	5. DATE OF BIRTH MONTH DAY YEAR 3 /3 /0	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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ST.,	certificating physical company of the certification			PART I. DEATH WAS CAUSE	TE CAUSE (a)	live Arrest		BETWEEN ONSET AND DEATH
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201 W.	ned by the please runtal, cre			underlying cause last.	DUE TO, OR AS A CONSEO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(g)
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FVITALE	IYSICIAN: The I ding physicion. s certificate ho: burial-tronsit pe Mental Hygiene	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	YES NO	YES NO
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Vio .	ATTENDING aspitol or a CCTOR: Afted of for use os of Health n 21 is morth			220.1 certify that (I) (this hospi sow the deceased alive an	tal) attended the deceased from	~ 0	ta $\mu - 16$ death occurred on the de	, 19 , that (I) (we) last ate and haur and from the causes stated
	the her tocher	,		22b. SIGNATURE	en-Tan	DEGREE ATTENDING PHYSICIAN P	MEDICAL STA	PF 11-16-8
	HOSPI sined b			22d. PHYSICIAN'S NAME (TYPE O	EN-TAN	10 100,000		Hospital
	PPBP		230 E	URIAL, CREMATION, REMOVAL PECIFY) Removal		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	DHMH - 16 60M 1/75 {VR A 15 (4)}			NERAL DIRECTOR	ADDRESS		REC'D. BY REGISTRAR	Come Signature

STATE OF MARYLAND

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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-Margie Paul Jean DEATH MATED 240 8 YEAR 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER TYR. IE LINDER 24 HRS 2d HOUR DATE PRONOUNCED VEAR white female DEAD 2419 87 9:04 47 To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) City Tizh KIND OF BUSINESS U.S.A. WIDOWED DIVORCED Tenn. Baltimore 2, AND 3 TO THE II.
3. RETAIN PAGE
2 SHOULD BE FILED
AL RECORDS, 201 18 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! Broadway Baltimore Retail USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 1338. INSIDE CITY LIMITS? 13e. STREET ADDRESS 718 S. Broadway Md. Balto. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Florence Reeves Nathan Paul Jessie Lawrence 17 INFORMANT ADDRESS 537 Milton Av., N. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) BURIAL - TRANSIT PERMIT, PAG AND MENTAL HYGIENE, DIVISI ATION, OR REMOVAL. 218-44-0128 Jessie Paul Balto., Md. No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracerebral hemorrhage DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which Hypertensive cardiovascular disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES XX NO L 3 SHOULD BE L 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY UNDERLYING OR PRIOR CONTRIBUTING CAUSE OF DEATH P.M 71d. INJURY OCCURRED 21a PLACE OF INJURY (AT HOME 21 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 38 AFTER DEATH, WITH THE STATE DEF BALLIMORE, MARYLAND, 21201 PF STREET, FACTORY, FARM ETC 1 CITY OR TOWN STATE COUNTY WHILE AT WORK NOT WHILE AT WORK 22s. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Inspection death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11/24/81 SIGNATURE EXAMINER'S NAME Penn Street Balto. MD 21201 (TYPE OR PRINT) HOYMAZ R Guard. M. D ADDRESS 23d. LOCATION 230, BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Removal 12/4/81 BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Anatomy Board Balto., Md. 15M 2/80

TIP S. Bennings 215-16-2128 Jugesia Taul Balto., Md. the tory bear trained waster.

STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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FOR -STATE REGISTRAR

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	1.5E)		4. RACE		OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
ı		Male	White	MONI	5 17 1/	69 YRS.	DNIHS DAYS HOURS MIN.
4	7g. BI	RTHPLACE (STATE OR FOREIGH	N 76 CITIZEN OF	WHAT COUNTRY? 8		9 BALTIMORE CITY OR COUNTY O	OF DEATH
1	Be	altimore, Md.	U.S.t	4. WIDOW	ED NEVER MARRIED DIVORCED	Baltimore (ix	MD.
	10. ⊂1	TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
	-	Baltimore	lie	rcy Hospital		Kettrea	Boraen (o.
2	130 S	TATE , I	OUNTY	GIVE RESIDENCE BEFORE ADMISSIONS 131. CITY OR TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS AVENU	
2	-	aryland L	Saltimore	CASEX	YES NO XX		× 21221
	14.FA	THER'S NAME	MIDDLE	O LAST	15 MOTHER'S MAIDEN NAM		LAST
4	14	Joseph		Paul	Elizabet	t Ja	tecker
	16a V	VAS DECEASED EVER IN U.S	S. ARMED FORCES? ES, GIVE WAR OR DATES]	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	24224
		140		215-22-0340	Chen III. Pa	ul 402 Essex Ave	
1		PART I. DEATH WAS CA	ter anly ane cause per AUSED BY:			1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	35		EDIATE CAUSE (a)	LIVER	FAILU	re	1 MOW /
١		1627		AS A CONSEQUENCE OF	and a second		(
1		Canditians, if any, whice gave rise to immediate		SMALL	ELL CANCE	2 OF THE LUNG	MOUN
1		cause (a), stating the underlying cause las		R AS A CONSEQUENCE OF			
ı		DART 2 OTHER SIGNIES	(c)	NITRIBUTING TO DEATH BUIL	ALOT DELATED TO THE TERM		
1	20	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CC	INTRIBUTING TO DEATH BUT	INOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	NIN PART IIO
1	CAT	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
	CERTIFICATION		3.34			YES NO YES	ING CAUSES OF DEATH?
	CER	210. ACCIDENT WAS UNDERLYIN		FINJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
	CAL	OR CONTRIBUTING CAUSE (OF DEATH				
١	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (OF INJURY EET, FACTORY, OFFICE FARM ETC.)	21f LOCATION	CITY OR TOWN	COUNTY STATE
١	2	NOT WHILE		cer, the toki, office tham ele j	/		
1		220 i certify that Ar (this l			114 , 19 8/		, that (we) last
		saw the deceased alivabave, (I) (we) (did) (d	ve an	20 19 P/ , 6 after death.	nd that in (my) (our) apinian o	death accurred an the date and haur o	and from the causes stated
	113	22b SIGNATURE	> IAUD	1 ~ ~		D HOUSE STAPE	THE DATE SIGNED
4			The 1	11	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/21/8/
		22d. PHYSICIAN'S NAME	U,		22e ADDRESS		
4		Rossn	J 7. 1	1AGGIN, MD	MERC	1 HOSPITAL,	BALTO, MD.
		URIAL, CREMATION, REMO	- 100		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		Burial	11-24.	-81 Var Lo	own Cemetery	Castern Blvd. E	Salto Co. Md.
	24 FU	INERAL DIRECTOR		ADDRESS	25a. DAT	E REC D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE
		J. Leiler a 3	on Inc. 6	224 Egstern A	venue	101 43 198] Crane	so fan laiten

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

219-20-386 John C. Prodicted Com co v 53

FOR STATE

STATE OF MARYLAND

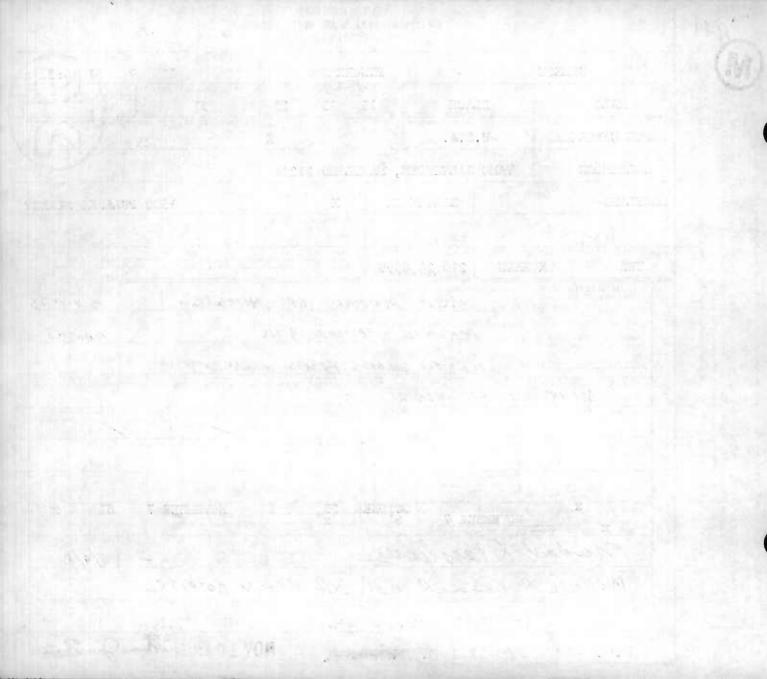
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICAIL OF DEAT	ı.	REG. N	10.			
1. DECEASED NAME FIRST (TYPE OR PRINT) ERNES	MIDDLE R.		NDER	1	0. DATE OF DEATH	MONTH 11	7 8		
3 SEX MALE	4 RACE BLACK	5 DATE C	OF BIRTH	29	. AGE (IN YEARS LAST 8		MONTHS D		ER 24 HR
70. BIRTHPLACE (STATE OR FOREIGN NORTH CAROLINA	76 CITIZEN OF WHAT COUNTR	RY? 8. MARRIEI WIDOWE	D NEVER MARRIE	FD I	BALTIMORE CITY	OR COUN	TY OF DEAT	Н	Λ.
10. CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NUR (JENOT IN SUCH FACILITY, GIVE STE VAMC BALTIMO	RE, MAI	OR OTHER INSTITUTION	I NC	2a. USUAL OCCUPA (TYPE OF WORK FOR MOST			ND OF BUSIN TRY	IESS C
JSUAL RESIDENCE (IF NURSING HOME 130 STATE MARYLAND			13d. INSIDE CITY LIM YES NO [3e STREET ADDRESS	1500	PULAS	KI STE	(EET
14 FATHER'S NAME FIRST EDWARD	MIDDLE LAST PENDER		IDA	BMAN NAME	MIDDLE	NEGG	PEND	LAST DER	
160 WAS DECEASED EVER IN U.S. (18 YES)	ARMED FORCES? 166 SOCIAL SE 216 24		ERNEST E	PAEND	ER JR. 62		ROLTON	AVE.	
	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO	OUENCE OF STRUK		ST +1				en DAL	5
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21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED	NER) P.M.	DAY YEAR	21c HOW INJURY O	OCCURRE	D (ENTER NATURE OF IN.	BURY IN ITEM I	IB PART I ORPAR	Т 2)	
AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFI		STREET		CITY OR I		COUNT	٧	STATE
sow the deceased alive obove (W) (we) (did) (did)	spital) attended the deceased from NOVEMBER 7	m_OCTOBE 981ar	$rac{19}{19}$ and that in $(rac{18}{19})$ (aur) (to <u>NOVEME</u> oth accurred on the			, that (X the causes s	
	I Rtessle	ww	DEGRÉE ATTENE PHYSIC	DING CIAN	MEDICAL ST.	AFF ICIAN 📳	,,	14/8)
MICHAEL	R. KESSLER	2, m.D.	LOCH R	AVE.	N HOSPI	TAL			
23a BURIAL, CREMATION, REMOV. (SPECIFY)		MD VET	EMETERY OR CREMA	ATORY	23d. LOCATION CITY OF TOWN CROWNISV	TIF	COUNTY		STATE

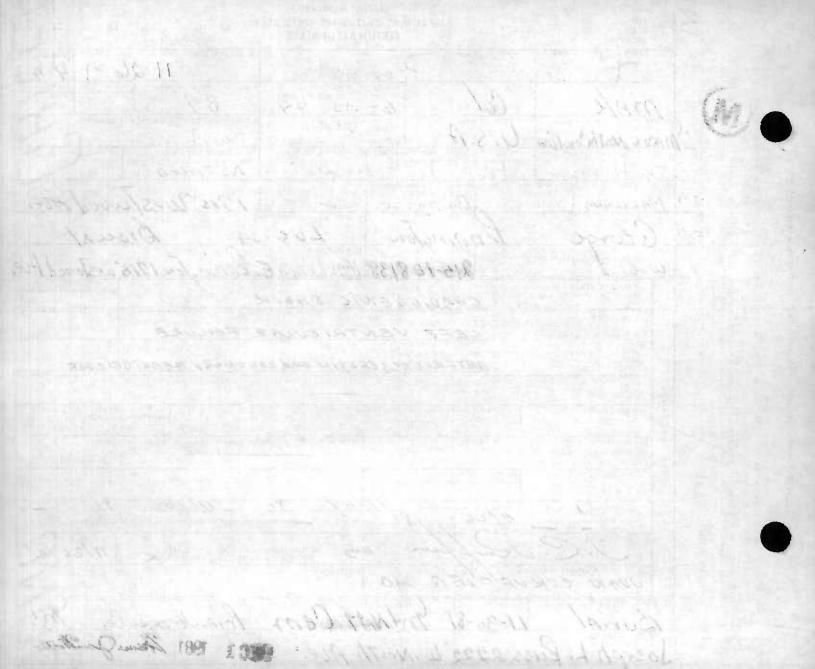
DHMH - 16 50M 1/81 (VRA 15, 4)

BURTAT 24 FUNERAL DIRECTOR NAME W.C. I MARCH F/H 1101 E. MORTH AVE.

NOV 10 1981 Plane Signature

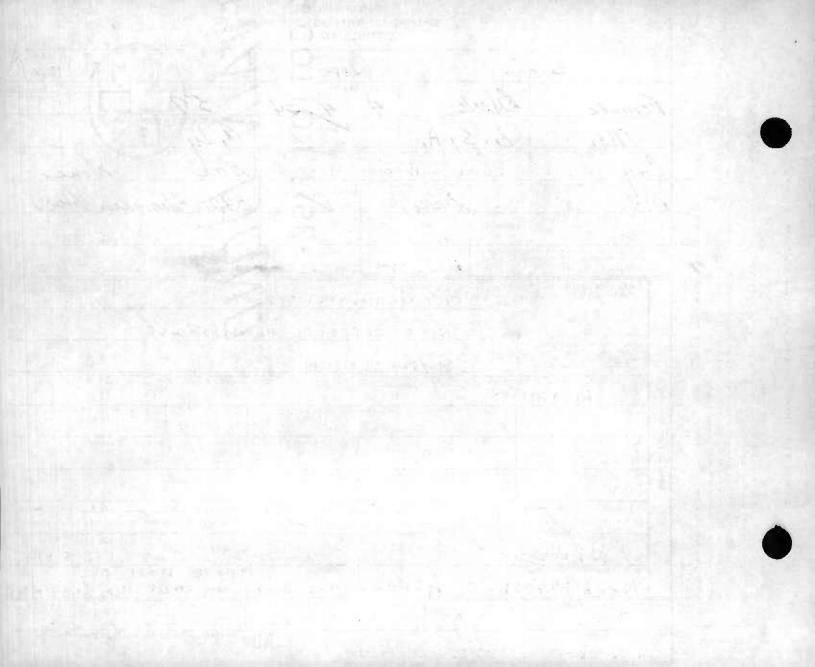


3	1.	FOR - STATE	DEPARTMENT (TATE OF MARYLAND OF HEALTH AND MENTAL HYO TIFICATE OF DEATH	GIENE 8	28949
, lead be	I. DE	REGISTRAR CEASED NAME OR PRINT)	D MIDDLE Pen	u mg ton	REG. NO	AONTH DAY YEAR 76 HOUR
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		CON North Carolina ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOP		Ba Her	MD.
21201 nours of in by the	USU	AL RESIDENCE (IF NURSING HOME OR OTH STATE	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	HOSP	(TYPE TYPER YORK FOR MOST OF	WORKING LIFE) INDUSTRY
rithin 24 h	1	ATHER'S NAME FIRST MIDI	BALTIMURE	13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA	INE MIGOLE	restund fre.
executed w and comple ages and	160	VAS DECEASED EVER IN U.S. ARME YES, NO ORUNKNOWN) (18 YES, GIVE WA	DEPORTED THE SOCIAL SECURITY N	LOU/		Drount 10
ficate be physician papers. P naval.	-	DARTI DE ATILIANAS CAMICES D	215-10813 one cause per line for (a), (b), and (c), (b), and (c), (c), (c), (d), (d), (d), (e), (e), (e), (e), (e), (e), (e), (e	8 MRSLELIAE NIC SWOOD	e Eponglor	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death cert ned by the attending I please remove corban uriol, cremation, ar ren v, or ather traumatic ev,		Conditions, if dny, which gove rise to immediate cause io, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF	NTRICULA	e FAILUR	
	MINON	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM		
VITAL RECO	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO P	IN CERTIFYING CAUSES OF DEATH? YES NO NO
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DIVIS TENDING P TENDING P (tal or attent) OR: After tl THeolth one	×	WHILE NOT WHILE AT WORK 220. I certify that (this haspital) sow the deceased alive an above, (I) (we'did) (add non' v.	attended the deceased from	1/11/198/		, 19 , that (I) (wa) lost te and hour and from the causes stated
by the hosp by the hosp ERAL DIRECT e detached for State Dept. o		22b. SIGNATURE	Inffin	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	22c. DATE SIGNED
O HOSPITAL etoined by 1 TO FUNERAL should be det with the Store			VEFIER MO			
BP		BURIAL, CREMATION, REMOVAL SPECIAL UNERAL DIRECTOR	11-30-81 m	OF CEMETERY OF CEMETORY	23d. LOCATION OF ORTOWN OF INCLUSION OF REC'D. BY REGISTRARIZ	
DHMH - 16 50M 7/77 (VR A 15 (4))	II.	seph L. Rus	5 2222 W . Non	The Are.	EC 1 1981	St. PERSTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 52 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2g. DATE OF DEATH YEAR 26 HOUR TYPE OF PENCY 8 Bernice Peppers 5 12.30 6. AGE LIN YEARS LAST BIRTHDAY! IF LINDER 24 MP 3: 5EX IF UNDER 1 YEAR HOURS. COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH ISTATE OF FOREIGN WIDOWED DIVORCED [HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR SE MOST OF WORKING LIFE! INDUSTRY mb on wherau Hospita W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RE SIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME IA FATHER'S NAME LAST - COLE FIRST MIDDLE Johnson Sadie John Dyson Jr In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES, NO OR UNKNOWNS (IF YES, GIVE WAR OR DATES) 3320 Edmondson Aven 218-14-7128 Hershel Peppers, Jr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY "ARDIORESPIRATORY AKREST IMMEDIATE CAUSE IN OR AS A CONSEQUENCE OF CEREBRAL HEMMORKAGE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying H YPERTENTION DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 MZIJOHO 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20n AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOX YES NO [sho Mental Hygi 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL tem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 10-30 -81 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (wer (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 11.5.81 , PHYSICIAN DIRECTOR PHYSICIAN M MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS HE RAN HOSPITM ld b Street shoul Due for 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial CITY OR TOWN COUNTY 11/10/81 Md Veteran's Cemetery Crownsville 24 FUNERAL DIRECTOR SE REGISTERAR'S DHMH - 16 50M 1/76 (VR A 15 (4)) 1101 E. North Avenue Wm. C. March F/H

STATE OF MARYLAND



and campletely filled in by the funeral dir ages 1 and 2 shauld be filed within 72 hau

medical

should be detached for use as the burial-transit permit. Then please remays corban papers. Pages | with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at other traumatic event, th

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	8	3	5	1

	REGISTRAR		4	THE OF BEATTI	REG. NO.		
-	1 DECEASED NAME FIRST (TYPE OR PRINT) Buck	MIDDLE	PERR	AST Y	November 10	, 1981 7:22a	a M
-	3 SEX MALE	4. RACE BLACK	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 62 YRS		IRS
2	70. BIRTHPLACE (STATE ON FOREIGN COUNTRY) WARRENTON, N.C.	76. CITIZEN OF WHAT CO USA	MARRIE		Baltimore CITY OR COUNTY	TY OF DEATH	MD.
Q	Baltimore	Mary and	eneral Hos	pital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 126. KIND OF BUSINESS	OR
1	130. STATE MD	NTY 13c. CITY		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1703 E. 28th	ST.	
	14. FATHER'S NAME FIRST JOSEPH		PERRY	EFF IE	WIDDLE	UNKNOWN	
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR HINNOWN) (IF YES, GIN YES	E WAR OR DATES)	-20-1042	THELMA DICK	ADDRESS KENS 1703 E. 28t	h ST.	d
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT OF THE CONTROL OF T	DUE TO, OR AS A CO DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTE The Tongue	ONSEQUENCE OF PS IS ONSEQUENCE OF	NOT RELATED TO THE TERM ndo procedure	MINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA! IVEN IN PART Ito CLOMY	TH.
2	Carcinoma of 190 Date of OPERATION October 21, 19 210. ACCIDENT WAS UNDERLYING	81 Carcinoma	a of the T	_	YES NOT IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? TES NO	
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that IX (this haspi sow the deceased alive an above, M (we) (did) (diXXX 221d. PHYSICIAN'S NAME (TYPE O Anthony Tan,	HOUR A.M. MO P.M. 21e PLACE OF INJUR 1AT HOME, STREET, FACTOR 101) oftended the decease November 101 11 view the body ofter dea	NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.) ed from Octob 0 19 81 on 11h.	211 LOCATION STREET er 11 , 19 d that in (m) (aur) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS C/O Marylar	CITY OR TOWN CI	COUNTY STATE 19 81 , that (X (we) I our and from the causes stated 22c DATE SIGNED 11/10/81	
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 11/15/81		EMETERY OR CREMATORY RAPT CH CEN	23d LOCATION CITY OR TOWN ARCOLA	COUNTY STATE	210 -

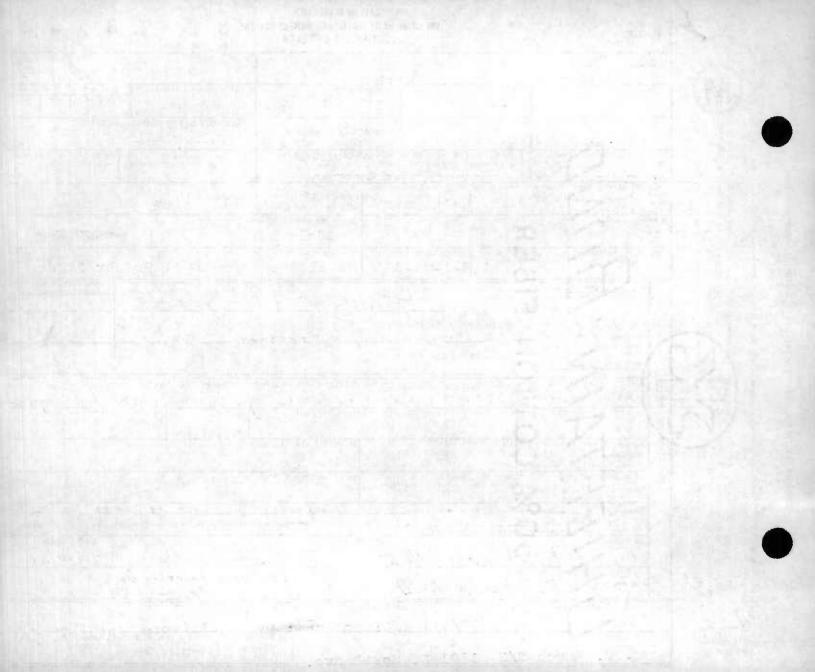
DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR W.C. MARCH F/H 1101 E. NORTH AVE.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST 2g. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT PERRY MHOL 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS HOURS 14 19 62 male black To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? COUNTRY) N.C. MARRIED NEVER MARRIED USA DIVORCED WIDOWED BALTO, CITY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 BALTIMORE UNTON MEMORIAL HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION. Baltimore 13a STATE 16 COUNTY 3011 Frisby Street 13d. INSIDE CITY LIMITS? Md NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE MIDDLE Thrower -Odell John Perry 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT HEYES, GIVE WAR OR DATEST Geraldine Perry 3011 Frisby Street 241-26-4352 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o1, (b), ond (c)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o CERTIFICATION 0 Chronic 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS LISED 200 AUTOPSY Ld. IN CERTIFYING CAUSES OF DEATH? NOT YES NO Mental Hygu 21g. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE AT WORK Felermane 19. Nov. 220.1 certify that (1) (this boomtal) attended the deceased from sow the deceased alive on. 1981 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (wer (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING Should be detor PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME 22e ADDRESS LITYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial CITY OR TOWN Cem. Baltimore 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 ADDRESS (VRA 15, 4) C. March F/H 1101 E. North Ave



- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

Witzke P.A.

1630 Edmondson Avenue, Catonsville. Md. 21228

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SEIGNATURE

22c. DATE SIGNED

30

YEAR

IF UNDER 1 YEAR

INDUSTRY

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DAYS

2h HOUR

HOURS

12h. KIND OF BUSINESS OR

Retired

LAST

Baltimore, Md.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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3. : 7a.	(TYPE OR PRINT) ARTH		LAST			
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13	Male	White S. Date May	5, 1912 YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	RIYEAR IF UNDER
10	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Balt	RCOUNTY OF DE	у
51	Baltimore	11. NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI Steel**Work		KIND OF BUSINE
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30	FATHER'S NAME FIRST Ephram 1		15 MOTHER'S MAIDEN NA/ FIRST Mary	Breeden		LAST
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PORTANT. II Ress 21 ts mo	sow the deceosed alive of above, (I) (we) (did) (did not	Mount MD, M.S.	22e ADDRESS	MEDICAL STAR DIRECTOR PHYSIC	ote and hour and fr	mom the couses sto
236	30 BURIAL, CREMATION, REMOVA	236 DATE 236 NAME OF 6	EMETERY OR CREMATORY	23d LOCATION Gardens B REC'D. BY REGISTRAR	altimore	

DHMH-16 50M 1/B1 (VRA 15, 4)

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1	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 8 3 5 5 CERTIFICATE OF DEATH REG. NO.			
10 X	(TYP)	CEASED NAME FIRST WILLIAM		Pfeiter SR.	20. DATE OF DEATH MONTH	14 81 5 3 A M	
W	3 SE	MALE	WHITE	S. DATE OF BIRTH MONTH DAY YEAR NOV. 11 1900	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	
33	M	IRTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND ITY OR TOWN OF DEATH	LSA 11. NAME OF HOSPITAL NURSI	MARRIED NEVER MARRIED WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	BALTINURE C	ITY MD.	
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red by the ottending phy please remove corbonopo uriol, cremotion, or remov cor other troumotic event		PARTI. DEATH Enter only one couse per line for (a), (b), and (c). PARTI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia - Suspected underlying mulignuncy DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Pulminumy Direuse (c)					
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te hos been sit permit I giene prior shows ony ii	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO					
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After this os the b	MED	WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE	
d for use		220-1 certify that (I) (this hospital) attended the deceased from 10/21 19 10 10/24 19 10 10 10 10 10 10 10 10 10 10 10 10 10					
RAL DIRE		226. SIGNATURE Ilco	lon		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED	
Nould be with the S		Marc Sok	-olon	22e ADDRESS Mercy	Hospital		

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPSSFY)

SUBIAL

24 FUNERAL DIRECTOR

Sokolon

23c. NAME OF CEMETERY OR CREMATORY

1ATÓRY 23d LOCATION
BALTIMORE
250 DATE REC'D. BY REGISTRAR 25B. REC
NOV 201981

REGISTRAR'S

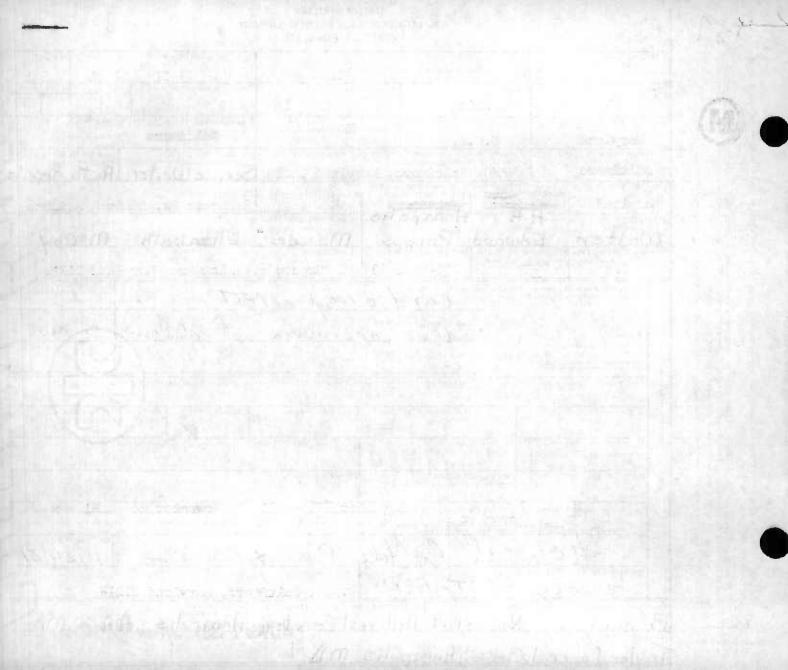
The Court of the State of the S HE VE I LEVEL WANT TO SHE WAS THE AND THE RESERVE THE THE STATE OF THE STATE O Der aus Leveral Chapes Markettell 23 10 30 1 avour cue vous DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND

11/1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE OF DEATH 7h HOUR (TYPE OR PRINT) MARY PHILLIPS NOVEMBER 01 1981 09:00AM 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH -25-1945 TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED VIRGINIA BALTIMORE CITY DIVORCED IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET ALTO JOHNS HOPKINS VELEASED AS NON MED BY DR KORREL OF THE WAITRESS STAURANT USUAL RESIDENCE (IF NUR THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRES 0 YES T NO KAMSA 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST AMES WILSON ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. W INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 906 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for to PART I. DEATH WAS CAUSED BY monary IMMEDIATE CAUSE (a) Carcinoma Conditions, if any, which gave rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION prior 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 0 21e PLACE OF INJURY STREET CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death DEGREE 774. DATH SIGNED ± ATTENDING MEDICAL STAFF 8 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e. ADDRESS d b should with t 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREM MEM ESTVIEW BURIAL ALTO. 25a. DATE REC'D. BY REGISTRAR 25h 24 FUNERAL DIRECTOR REGISTIAN DHMH - 16 50M 1/B1 (VRA 15, 4)

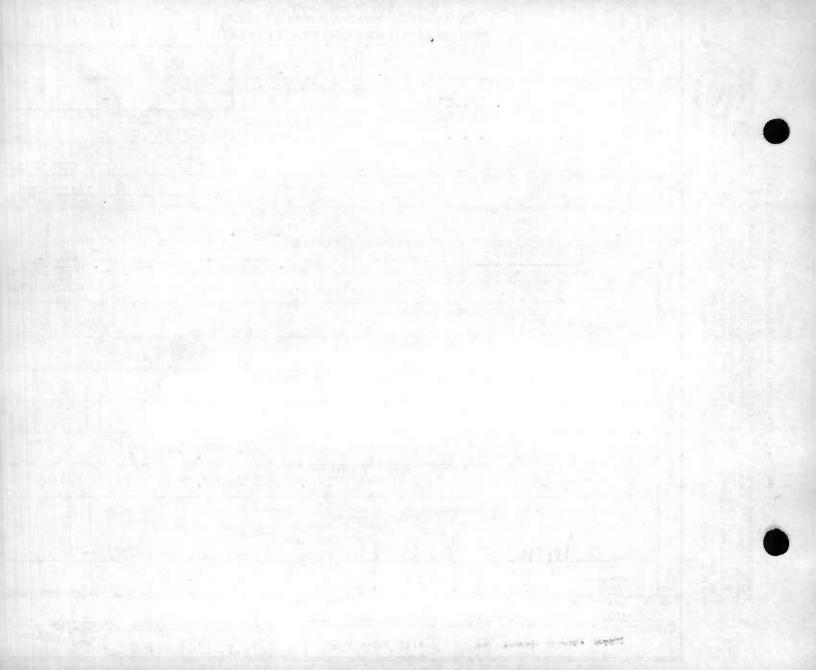
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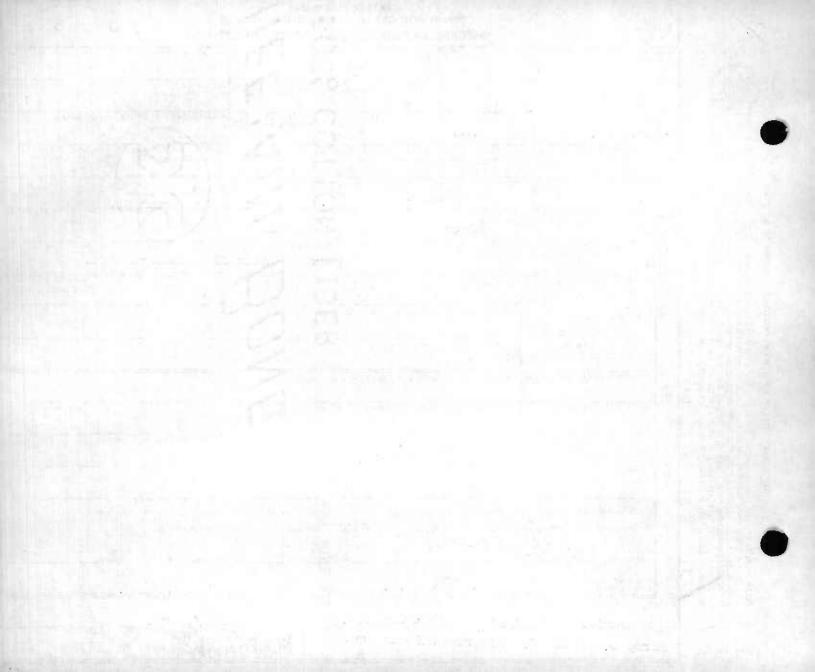
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE KNOWN XXMONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Nellie Z Piper 2d. HOUR 3. SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 11,81 1:15P FUNERAL DIF 20 1897 DEAD female white 84 FOREIGN COUNTRY) Md. 7b. CITIZEN OF WHAT COUNTRY? Ja: BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA WIDOWED [DIVORCED Baltimore City ES 1, 2, AND 3 TO THE FU PM 3. RETAIN PAGE 5 ND 2 SHOULD BE FILED, N ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Homemaker rear/3811 Baltimore Canterbury Road USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 3811 Canterbury 136 COUNTY 130. STATE 13d. INSIDE CITY LIMITS? Baltimore YES X NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MMIDDLE 18. GIVE PAGES 1, WITH FORM PM MIDDLE Unknown Ellen Zimmerman Octavius 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 220 24 4232 Edward W Piper Same no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMII AND MENTAL HYGIENE, VATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) OF HEALTH CERTIFICATION DRWARDED TO THE CHIEF N R: PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA ID, 21201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES XX NO [210. EXTERNAL CAUSE WAS HOUR A.M. MONTH SAY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR jumped from window CONTRIBUTING CAUSE OF DEATH 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY CATHOME NOT WHILE AT WORK lawn of home CanterburyRoad, MD ear/3811 BaltoCity. AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 11/12/81 Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard.M.D. Penn Street, Balto., MD 21201 TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 230 DATE 11/14/1981 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Ballimore SME . Mt. Olivet Cemetery 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** 181981 Mitchell-Wiedefeld Home 6500 York Rd. (VR A15 ME (5)) 15M 2/80

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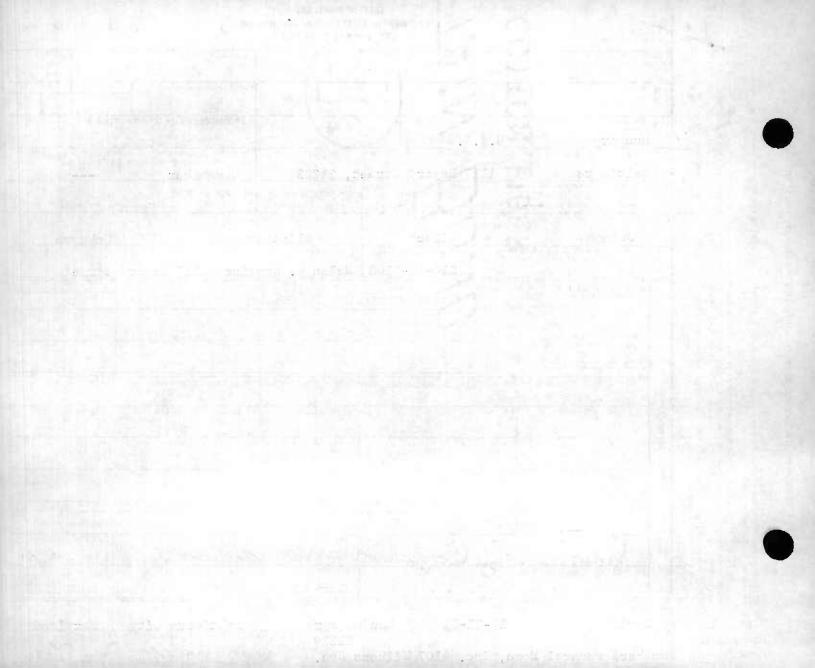
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 24 DATE KNOWN XX XMONTH (TYPE OR PRINT) ESTI-11-18-8 PITMAN DEATH MATED JOHN JR. 3 SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS 6. AGE (IN YEARS | IF UNDER 1 YR. 24. DATE LAST BIRTHDAY) PRONOUNCED 1-18-8 white AUG. 14,1956 25 YRS male In BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FUNERAL 5 FOR 3 MARRIED NEVER MARRIED VIDOWED DIVORCED FOREIGN COUNTRY) MARYLAND BALTO. U.S.A. Baltimore City WIDOWED AND 3 TO THE FU RETAIN PAGE 5 SHOULD BE FILED, RECORDS, 201 W Baltimore 1), NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 6000 blk. Cedonia LABOR CONSTRUCTION A.3. RETAIN P. 2 SHOULD BE TAL RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE FULLERTON MARYLAND YES NO X 19 DELIGHT AVE. E CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. BUSED AS A BURIAL - TRANSIT PERMIT PAGES I AND 2. S. BUSED AS A BURIAL - TRANSIT PERMIT PAGES I AND 2. S. BURIAL, CREMATION, OR REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 M PM: 3 MIDDLE LAST MIDDLE JOHN W. PITMAN ANNA J. REINSFELDER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218 70 9327 ANNA J. PITMAN 19 DELIGHT AVE. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Craniocerebral injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION TO MEDICAL EXAMINER: THIS CENTIFICATE STATES THE WORD "PRESECUTE THE CENTIFICATE, WRITINGS THE WORD "PROCE A SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARKINALD, 21201 PRIOR TO BURLAL. 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES KX NO 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING KOR driver of auto/fixed object impact MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) 6000blk. Cedonia RetionBaltimoreouniMaryland STATE XX 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL DATE 11-18-81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street Korell, M.D. Margarita A. (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURIAL NOV.21,1981 PARKWOOD CEMETERY BP. 24 FUNERAL DIRECTOR Dippel Funeral Homes, Inc. **DHMH-17** 7110 Belair Road (VR A15 ME (5) 15M 2/80



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH Zb. HOUR (TYPE OR PRINT) ESTI-Henry DEATH MATED Pitts 1919 87 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 10 87 3:06/ male black DEAD 44 MARRIED THEVER MARRIED & TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Balto., Md. USA WIDOWED DIVORCED Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore AIN Ashburton JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY YES NO 1137 Ashburton St. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Henry LAST Oueenie Pitts 7 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES Queenie Pitts 1137 Ashburton St. no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Smoke inhalation IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD."P PACE: SHOULD BE FORWARDED TO THE CHIEF TO FUNEAL DIRECTOR; PAGE 3 SHOULD BE USED ATTER DEATH, WITH THE STATE DEPARTMENT OF HI BALLIMORE, MARY LAND, 21201 PRIOR TO BURIAL, YES . NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH CAT . YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 3:00AM house fire 211 LOCATION 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK XX COUNTY basement Ashburton Street Balto 22a I certily that I taok charge of the remains described above, held an Inspection and in my apinion Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 11/19/81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. Penn Street Balto MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Westview Cem. Balto/., Md. burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRA Leroy O. Dyett 4600 Liberty Heights Ave. **DHMH-17** (VR A15 ME (5)) 15M 2/80



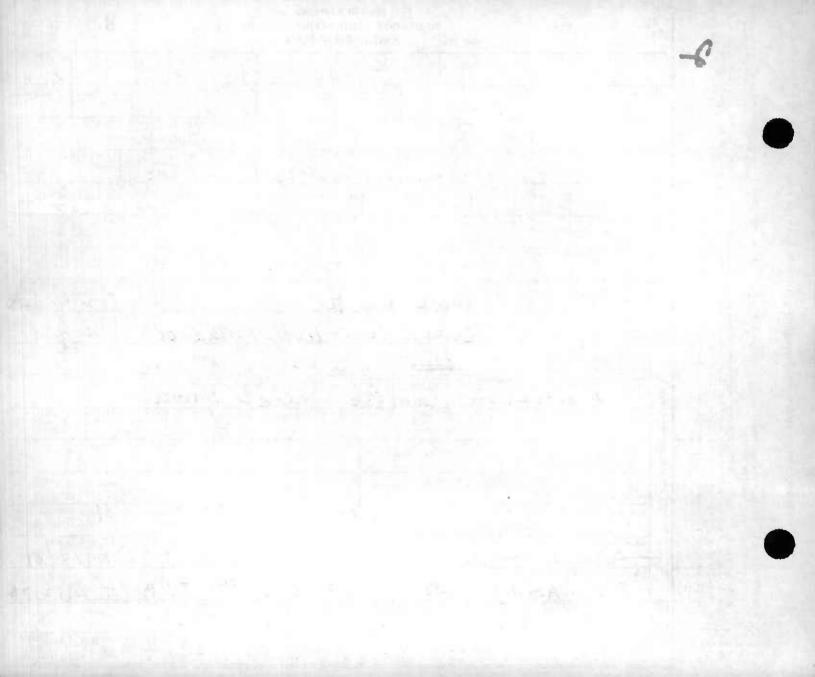
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ofter o	10. C	Baltimore	11. NAME OF I	HOSPITAL, NURS THE FACILITY, GIVE STRE TO Bayard	ET ADDRESS)			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemake)	ION OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
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MORE e execu	160	WAS DECEASED EVER IN U.S. AR YES, NO OR'UNKNOWN) (IF YES, GIV	RMED FORCES?	16b SOCIAL SEC		17. INFORMAL		ADDRI		C 4	
LTIA	-	18 CAUSE OF DEATH (Enter or			4-1108	петеп	C. Haw	kins 1117	Bayard	Street	ATE INTERVAL
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physician. Ver this certificate been sign of the burnol-transit permit. Then th and Mental Hygiene prior to b orked ar frem 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	196. COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY? YES NO 🔀		WERE FINDING ING CAUSES O	
N OF VITA SICIAN: TI ng physicia certificate mod-transit entol Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW IN.	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)	
C PHYSIC of PHYSIC of Physics that cer this cer the burion of the burion	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCATIO	N	CITY OR TOV	VN	COUNTY	STATE
ATTENDI or Spitol or CTOR: A for use of Heol		220.1 certify that (1) (this hasping sow the deceased alive on above, (1) (we) idid (did no 22b. SIGNATURE	Novem	ber 19 19	81, or	nd that in (my)	, 19 <u>75</u> (our) opinion o	, toNovem death accurred on the d		and fram the co	
by the hose by the hose detached State Dept		22d. PHYSICIAN'S NAME (TYPE O	DR PRINT)	Wag	er	DEGREE A 22e ADDRESS		MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	224. DATE SI	LO-81
TO HOSPITALS retained by the TO FUNERAL II should be determined with the State II IMPORTANT: If		Laurence R. G	allager			3455	Wilkens	s Avenue -	Baltimo	ore, MD	21229
100		BURIAL, CREMATION, REMOVAL				EMETERY OR C		23d. LOCATION CITY OR TOWN	C	OUNTY	STATE
10 of BP		Burial	11-2	1-81	Loud	on Park		Baltimore			1and
DHMH - 16 50M 1/76		UNERAL DIRECTOR		ADDRESS		21229		E REC'D. BY REGISTRAR	25b. REGISTRA		
(VR A 15 (4))	Hu	bbard Funeral H	Home, In	c. 4107	Wilker	s Ave.	No.	OV 23 1081	Tance	. Van	Warthen.



W.C. MARCH F/H 1101 E. NORTH AVE

(VR A 15 (4))

STATE OF MARYLAND



4		FOR STATE REGISTRAR		STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	28964
8 24		CEASED NAME FIRST FRANK	GARNETTE P	OPHAM	20 DATE OF DEATH MONTH	30 81 7:20 p M
(M)	3. SE	MALE	4 RACE WHITE	5. DATE OF BIRTH MIT DAY14 YEAR 20	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth P		RTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY OR COU	NTY OF DEATH MD
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hin 24 hour ly filled in should be in should be in serimus be	13a MA	RYLAND Char	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134. CITY OR TOWN ROCK POI	1 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS GENERAL DEL	IVERY
exemplete on 22		James /	Albert Poph		WIDDLE	Hudson
be executed on and control or and co	160 \	VAS DECEASED EVER IN Ü.S. AR YES NO OR UNKNOWN) (IF YES GIV YES WW	MED FORCES? 166 SOCIAL SECUR EWAR OR DATES) 230 16		opham Rock P	oint, Md 2086
death certificate attending physici ve corbonpoper ition, or remavol.		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which	1 / 2 - 1 : -	84/ Monthley G1	story Latress sign	BETWEEN ONSET AND DEATH I MAN OF GROWN THE CONTROL OF THE CONTROL T
that the d by the ease remo		gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF CLISTICE	2/000	Thyata.
requires en signec Then pl ar to buri	NOI	Circh		EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
N. The low ysician. roost permit permit Hygiene prival 18 shaws any	CERTIFICATION	10/10/8	Perforatel	Gashic GICE	YES NOT IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
SICtA ng pl certif certif ental-t	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	Y YEAR 19 216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2}
NG PH (fter th as the thond orked o	MEC	WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	RM, ETC] STREET	CITY OR TOWN	COUNTY STATE
ATTENDI ospitol ac ECTOR: A d for use t. af Heal m 21 is m		sow the deceased alive on above, 30 (we) (did) (did 30	tol) ottended the deceosed from		, to OCTOBER 30 death occurred an the date and	haur and from the causes stated
TAL OR by the ho RAL DIRE detached tate Depti		22b. SIGNATURE	48672	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10 /30/8/
HOSPITA ned by FUNERA ild be d the Sta		22d. PHYSICIAN'S NAME (TYPE O	F/SI	270 ADDRESS	11 Ref	· 6 . 0 . 1

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Arehart Funeral Home Inc. La Plata, Md.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23b. DATE

Nov. 5,81

211 St. Mary "NOVI

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23a BURIAL, CREMATION, REMOVAL

Burial

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEASED NAME 2a. DATE OF DEATH TYPE OR PRINTS 12/81 Charles 1:4 Popp E. Sr. 1.5EX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR IF UNDER 24 HRS MONTH YEAR 20 White Male EMTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. U.S.A. DIVORCED Baltimore City NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY Cab Driver Raltimore City Pleasant Manor Nursing Ctr OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) O COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 1345 Dalton Rd. 21234 Baltimore Baltimore MD 15. MOTHER'S MAIDEN NAME MIDDLE LAST Josephine Braun Charles Popp ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT WWS. GIVE WAR OR DATES! unknow 220-93-8319 Mr. Charles E. Popp Jr. 1646 Wentworth APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 41 maa 10-2-81 IMMEDIATE CAUSE (a OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY3 20b. IF YES, WERE FINDINGS USED

10 CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? CERTIFICATION IN CERTIFYING CAUSES OF DEATH? YES [NO NO F 718 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 10-2 11-12 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased plive on 11 - 12 , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 226 SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING STAFF MEDICAL PHYSICIAN [PHYSICIAN DIRECTOR 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

Nov.16,1981 Lorraine

Baltimore Balto. Md.

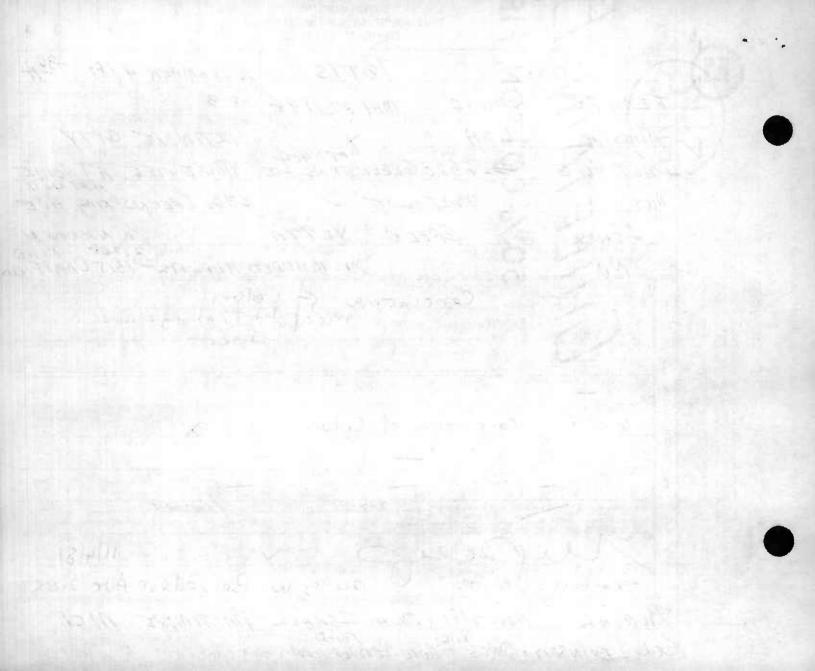
23d LOCATION

CITY OR TOWN

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STATE OF MARYLAND



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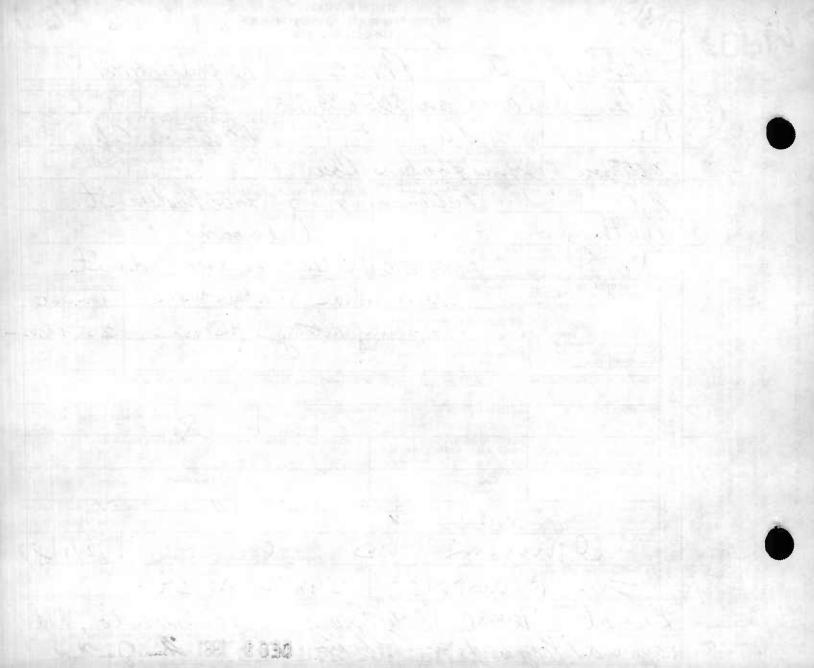
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DHMH - 16 50M 1/B1 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

FOR



Pike

Truman Schwab 5151 Balto. National

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

24. FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b HOUR IF UNDER 1 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH IMORE CITY MEN'S CLOTHES #21207 UNKNOWN-MRS. HATTIE YANTGER APPROXIMATE INTERVAL

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(aur) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

AITZ CHAIM BALTIMORE

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD., BALTO., MD

21215

250. DATE REC'D

DHMH - 16 50M 1/81 (VRA 15, 4)

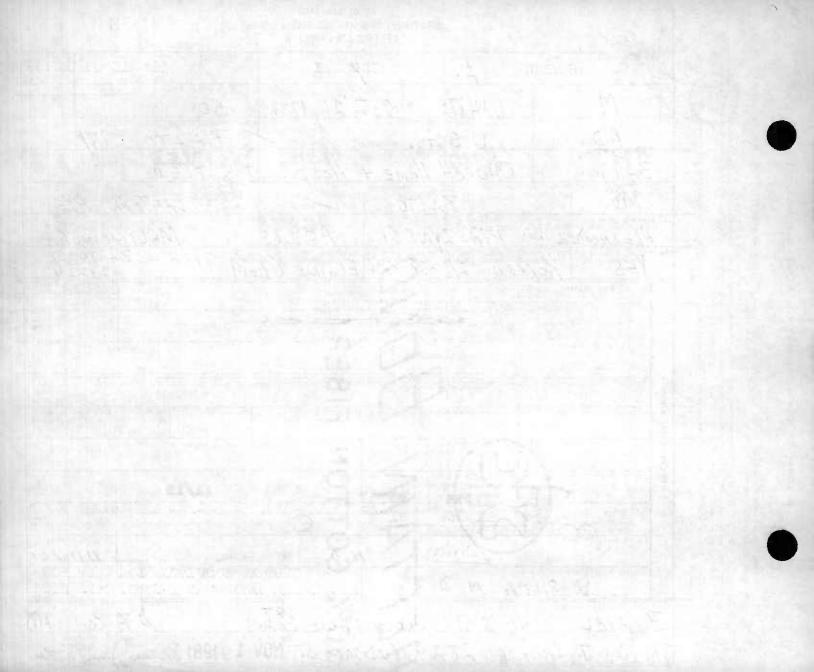
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REGISTRAR

- STATE

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1	FOR - STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYO RTIFICATE OF DEATH	GIENE 8 2	8 9 7 2
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(A) 3.5	× M	WHITE C	ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 50 YRS.	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
12 8S	COUNTRY) MD .	U.S.H. WI	ARRIED NEVER MARRIED DOWED DIVORCED	BA L'TO	Y OF DEATH CITY MD.
P B S	BA-LTO.	NAME OF HOSPITAL, NURSING HO	+ HOSD.	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING DESABLED	12b. KIND OF BUSINESS OR INDUSTRY
P 25 130.	JAL RESIDENCE (IF NURSING HOME OR OTI STATE 136. COUNTY	MER INSTITUTION GIVE RÉSIDENCE ÉFORE ADMI	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS EASTA	EN AVE.
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	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY P.M.	19	RED (ENTER NATURE OF INJURY IN ITEM 18	
Wed o	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
lept, of Heolth	220.1 certify that (1) (this haspital) saw the decease alive an abave, (1) (we) (did) (did nat) v	attended the decased from 81 iew the body byer death.	1/8 19 81 _, and that in (my) aur opinian DEGREE	to 11/15 death occurred on the date and ho	ur and from the causes stated
the State D	22d PHYSICIAN'S NAME (TYPE OR PR	44.3		CH HOSPITAL C	U/IST87 ORPORATION
230	BURIAL, CREMATION, REMOVAL DECIFY, UNERAL DIRECTOR		OF CEMETERY OR CREMATORY	BROADWAY BALT	·A·Co· HD-
7	HONAS J. SKAK	20A 28209/4	UDSON ST. NO	V 191981 France	Jan Warthen

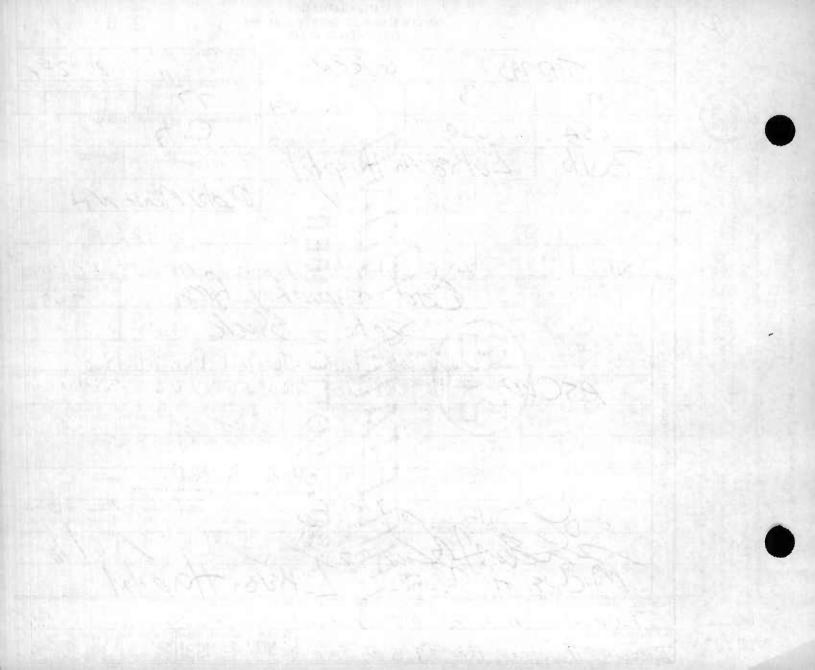


1	FOR - STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	2891
	PECEASED NAME FIRST	MIDDLE	PURUFIL SR.	20 DATE OF DEATH MONTH	0 0.
1	70H	N G.	PURNELL SK.	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24
1	Male	White-	MONTH DAY YEAR 21 06	. 74	MONTHS DAYS HOURS
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S. A	MARRIED MEVER MARRIED WIDOWED DIVORCED	Baltimore city or cou	
Acres 1	Baltimore at	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET, SINA HOSPI	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	ING LIFE) 12b. KIND OF BUSINESS INDUSTRY MD. CIVIL
130	UAL RESIDENCE (IF NUR INC. STATE	HIS CITY OR TOWN	ADMISSION)	Se STREET ADDRESS	
_	Mary Land Bal	timore Baltimo	YES NO D		Ave - MD 2120
DIV	NILLIAM G	PURNEL	L MATILDA	WIDDIE	CHILDS
16a	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECUR		ADDRESS	01 - 10
	710			thy Purnell 11	APPROXIMATE INTERVA BETWEEN ONSET AND DE
	PART I. DEATH WAS CAUS	nly one couse per line for to , (b), and ED BY. TE CAUSE (a) Marka Asci	tes + pleural ef	[and] and	BETWEEN ONSET AND DE
	1379	DUE TO, OR AS A CONSEQUE		of CT book	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.		enocarcinoma	of GI tract	
NO	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	enocarcinoma	0	
IFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	NCE OF EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION 200. AUTOPSY? 20b. 1 IN CI	N GIVEN IN PART I 10 FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH
CERTIFICATION	gove rise to immediate couse lots, state underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUED 101 CONDITIONS CONTRIBUTING TO D 196 CONDITION FOR WHICH O	NCE OF EATH BUT NOT RELATED TO THE TERM DPERATION WAS PERFORMED 1216 HOW INJURY OCCURR	INAL DISEASE OR CONDITION 1700, AUTOPSY? 170b. 1	IF YES, WERE FINDINGS USED BERTIFYING CAUSES OF DEATH YES NO
	gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENT OF THE CONDITIONS CONTRIBUTING TO D 196 CONDITION FOR WHICH CONTRIBUTION OF THE CONDITION OF THE CONDITION OF THE CONTRIBUTION OF THE CONT	NCE OF EATH BUT NOT RELATED TO THE TERM DPERATION WAS PERFORMED Y YEAR 19	INAL DISEASE OR CONDITION 200 AUTOPSY? 20b. I YES NO N	IF YES, WERE FINDINGS USED BERTIFYING CAUSES OF DEATH YES NO
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	gove rise to immediate couse (o), storting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALMORK 21d. INJURY OCCURRED WHILE ALMORK 22a I certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did in 122b SIGNATURE)	DUE TO, OR AS A CONSEQUENT OF THE PROPERTY OF	PEATH BUT NOT RELATED TO THE TERM DPERATION WAS PERFORMED 216 HOW INJURY OCCURR 19 216 LOCATION STREET DEGREE ATTENDING PHYSICIAN	INAL DISEASE OR CONDITION 200. AUTOPSY? YES NO NO NO INCLUSIVE OF INJURY IN ITEM CITY OR TOWN	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY COUNTY STA 19 1 , that (1) (we have and from the causes state
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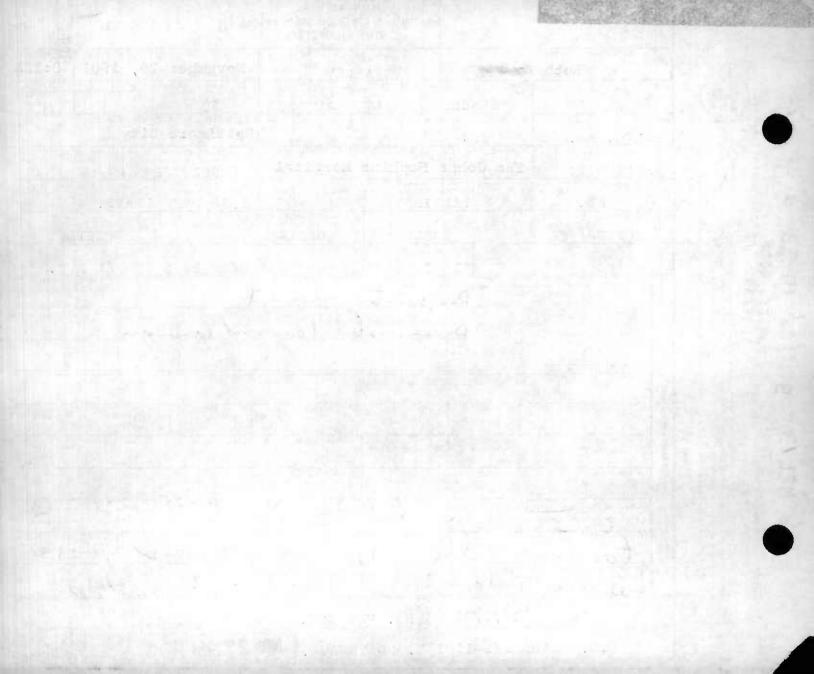
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR 02 20 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CHLY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED IX WIDOWED 11. NAME OF HOSP AL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE LIEN IG HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 136 COUNTY 130. STATE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 1 CCA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (b), and (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUEN Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIER DIVISION OF VITAL RECORDS, CERTIFICATION 20b, IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED TERTIFYING CAUSES OF DEATH? be YES [NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF THE TEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION A COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE CERTIFICATION APPROVED BY MEDICAL EVALUATION 220.1 certify that (I) this hospital ecded the deceased from and that (my) our opinion death occurred on the date and hour and from the causes stated 725 SIGNATURE DEGIN 22c. DATE be deta SICIAN DIRECTOR PHYSICIAN IN 22e. ADD should by IMPORT/ 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE DHMH-16 30M 2/80 (VRA 15, 4) ROWN - I homPSON

STATE OF MARYLAND

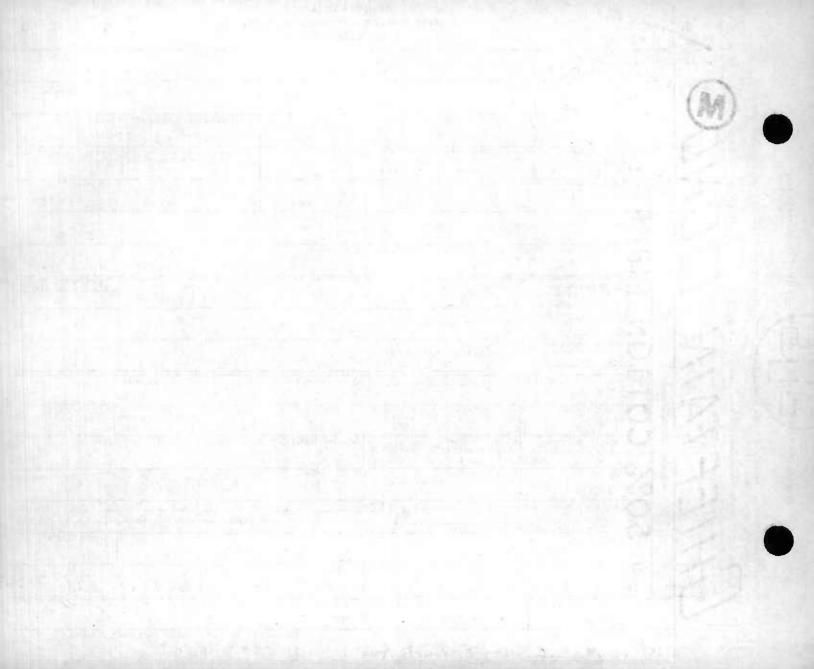


STATE OF MARYLAND

	200			STAT	E OF MARYLAND				
	L	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		8 7	15
- m e		CEASED NAME FIRST	WIDDLE	1	AST	26. DATE OF DEATH		DAY YEAR	26 HOUR
1			Rowy	RA	MSEY	November	25,	1981	8:15₺
(12)	3. SE	X	1. RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY}	IF UNDER 1 YEAR	IF UNDER 24 HRS
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手 - 42 - 注。	14. F.	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE			
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sicio sicio vol.		18 CAUSE OF DEATH Enter on	lly one cause per line for (a), (b), and	lic a	<i>C</i> 1	Δ		APPROXI:	MATE INTERVAL
phy nnpo emov		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0) Rossia	inter	dure	X			
oric oric		1809	DUE TO, OR AS A CONSEQUE	NCF OF	K. C	. 11	_		
dear tion,	-	Conditions, if any, which	(16) Drawer	wy	led (our	ent lare	wer	~	
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quires signed Then ple to buris njury, a	N O	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110)
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TTEN Dirtal TOR for u		sow the deceased alive on	1) ~ 2 5 19 1	8 , or	id that in (my) (aur) opinion o	death accurred on the de	ote and hour	and from the	couses stated
has hed hed ept.		226. SIGNATURE	Ti view the body offer deoffi.		DEGREE			22c DATE	SIGNED
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5 5 4 3 \$		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
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DHMH - 16 50M 1/B1	24 F	UNERAL DIRECTOR			250 DATE	REC D. BY REGISTRAR			
(VRA 15,,4)		W.C. MARC	CH F/H 1101°E.	NOR	TH AVE.	V 27 1981 7	proces	Van 9	Varther
II versuitiful	-						1-0-0-0	- Constant	1.1



3	1	STATE REGISTRAR		DEPART	CERTIFICA	110		IENE S REG. N	2	8 9	16
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be 3 eoth		oxie KODIG	1		PAI	D		7	11	2781	M
MOY MOY	3. SE		4 RACE		S. DATE OF B	RTH		6. AGE (IN YEARS LAST BI	RTHDAY)		IF UNDER 24 HRS
4 (()		FEMALE	N	2,6	2 MONTH	15	86	95	YRS	MONTHS DAYS	HOURS MIN.
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ose remove corbi st, cremation, or r rother troumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	AS A CONSEOU AS A CONSEOU	WI	R A I CH	EVILLE	phlegia			
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- 00	MEDICAL	214 INJURY OCCURRED	21e. PLACE OI	FINJURY		I LOCATION	4	CITY OR TO	2000	COUNTY	STATE
morked	E	AT WORK NOT WHILE	(AT HOME, STREE	T, FACTORY, OFFICE, I	ARM, ETC)	SIREEI		en oxiv	JW14	6	SIAIL
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of He	194	sow the deceased alive or above. (1) (we) (did) (did no	11/5	19_	ond th	not in (my) (c	our) opinion o	leath occurred on the c	lote and hou		
oched Dept.		226. SIGNATURE	view the body of	ter deoth.	DEG	REE			- 17.5	22c. DATE S	IGNED
detoched for the 2 LT; If them 2		Lur	in he	,	10	DAT	TENDING HYSICIAN	MEDICAL STA			
should be det with the State		224. PHYSICIAN'S NAME (TYPE	PRIMI)	117	22	ADDRESS	19,0	4 HARER	5846	-0 - R1.	1. 212
should be detected with the Stote C	230 5	BURIAL, CREMATION, REMOVAL	. 236. DATE	122	NAME OF CEME	TERV OR CE	EMATORY	1234 LOCATION	- 10	1300	9
	230.	SPECIFY)	12/2	201	. Calv			Baltin	ore	COUNTY	STATE MD
2044 0 /00	24 FI	Burial UNERAL DIRECTOR	1. 14/4	701				REC'D. BY REGISTRAF			
OM 2/80 , 4)	L	V.C. March	- 1101	E Nor	There	,	D	EC 1 1981		can Van	Warthen



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DHMH - 16 50M 1/B1 (VRA 15, 4)

	1	,			STATE	OF MARYLAND				
3	1	STATE STATE REGISTRAR		DEPART		CATE OF DEATH	0	2 EG. NO.	8 4	71
	{TYP	CEASED NAME E OR PRINT)	IALIA	WIDDLE	RF	+SCHKA	20 DATE OF DE	NOV 2	1.81 2b	122Am
	3 SE	rema	Je 1 RACE WY	rite	5. DATE O	- 22 - 10	6 AGE (IN YEARS	O YRS	ONTHS DATS H	OURS MIN.
75		IRTHPLACE (STATE OR FOR COUNTRY) PNNSYLVANI TY OR TOWN OF DEAT	la U.S		MARRIED	DIVORCED [TEA	TO (CIT	MD.
South Services	7	SALTO AL RESIDENCE (# NURSIN	CITY BAL	CH FACILITY, GIVE STREE	T ADDRESS]	OSPITAL	G .	WATION MOST OF WORKING LIFE)		SUSINESS OR
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n 21 is m	ń	saw the deceased above, (1) (we) (dia	his haspital) attended the alive on high contractions and because the bady	19	81 and	that in (my) (aur) apiniar	to, to	the date and haur		t (I) (we) last uses stated
# #		226. SIGNATURE	& Std		D		MEDICAL DIRECTOR F	STAFF	22c. DATE SIG	JAN JAN
MPORTANT		22d PHYSICIAN'S NA	Lloyd Sta	QQ		22e ADDRESS Bal	f cits	Hospit-8)	
	(BURIAL, CREMATION, RE (SPECIFY) Burial	11/6/	1981 0		METERY OR CREMATORY Lutheran	23d LOCATIO		nore	STATE MD.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND

1	1 - STATE	DEPARTA		EALTH AND MENTAL HYGII	ENE 8	2 3	1 1 7
ij	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	o .	
1	T DECEASED NAME FIRST	MIDDLE	LA	IST A 3 - 4	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
ı	C. E.C.	ELIA	RA	UPUR	1	1-12-81	605 PM
ì	1. SEX	1 RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTH		
į	F	W	MONTH	0 30 18	63	YRS.	YS HOURS MIN
ú	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 AAABBIEO	NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH	
Š	Maryland	USA	WIDOWE		Baltimore	City	MD.
ō	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATION		OF BUSINESS OR
	Baltimore	Baltimore (City H		house-wif		home
7	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
Š	Maryland 134	9 /40 Baltimo		YES NO	6717½ Bos	ton Avenue	
Ī	14. FATHER'S NAME			15 MOTHER'S MAIDEN NAM	NE STATE		114-111
ï	PIRST ,	MIDDLE LAST KOWA 11		Genevive	MIDDLE	Lazarul	LAST
	160. WAS DECEASED EVER IN U.S. AR		JRITY NO.	17 INFORMANT	ADDRE		
	(YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)		Leo Raupuk	6717 Bost	on Avenue	21222
ď	18 CAUSE OF DEATH (Enter on	lly one couse per line for (a), (b), on	id (ci.)			APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
H	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (O) CARD	10 PU	11 MONARY	ARRES	ST	
	244 2 mmedian		51105.05				
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	AND OIL	& come		ALOYS LOS	
H	gove rise to immediate	(b)		~			
	couse (o), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	ENCE OF	p silebti	0115		
		(c)	arm	- Collicol	000		;.
		CONDITIONS CONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	THON GIVEN IN PART	1(0)
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	
	E		- 6		YES T NOT	IN CERTIFYING CAUS	SES OF DEATH?
-	21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCURRE			
7	OR CONTRIBUTION CAUSE OF DEA	ATTA	AY YEAR				
	GIF ETHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
		(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.	STREET	CITY OR TOW	OUNTY COUNTY	STATE
	AT WORK AT WORK		0 0		11-10	\$71	
ř	sow the deceased alive on	to ottended the deceased from_	81	d that in (my (our) opinion di	eath assurred on the do	ate and hour and from t	_, tho (1) (we) lost
١	above (I) (we) (did) (did no	t) view the body after death.			eom occorred on me do		
	22b. SIGNATURE			DEGREE ATTENDING	MEDICAL STAF	1 / 1	TE SIGNED
	WillamA	wender buch.	, A	PHYSICIAN [DIRECTOR PHYSIC		15-8)
	224 PHYSICIAN'S NAME (TYPE O			22e ADDRESS	0	1 1	
	WILLIAMA	. DOMBROWSI	KI	DALTO	CITYH	OSP	
	230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF CE	METERY OR CREMATORY	23d, LOCATION CITY OR TOWN	COUNTY	STATE
	(SPECIFY) Burial	11/16/81 Sa	cred I	Heart Of Mary	Baltimo		aryland

Sacred Heart Of Mary

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the buriol-transit permit. Then please remove carbomopoests with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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injury, or other troumotic event, th

IMPORTANT: If Hem 21 is morked or Hem 18 shows

24 FUNERAL DIRECTOR
NAME
Walter Dabrowski DHMH - 16 50M 7/77 (VR A 15 (4))

1005 Dundalk Avenue

BU REGISTRAR 256. REGISTRAR'S SIGNATURE 25a. DATE REC'D.

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	also a series		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

The state of the second
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME FIRST 20 DATE KNOWN X 2b. HOUR (TYPE OR PRINT) OF ESTI-PLEASE FECTOR. PRESENCE. LAWRENCE RAY DEATH MATED 8 19 3. SEX 4. RACE DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS d HOUR DATE VEAD LAST BIRTHDAY) PRONOUNCED 17 00 81 YRS 19 81 male 4 negro DEAD DM 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Baltimore Lutheran Hospital EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PROFES UNDEAD UNECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL PROPERS BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Balto. 1033 N. Gilmore St. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST 7. INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** IYES, NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES) 216-16-5980A Unkn CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [0] CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [] NO K 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection X 22a. I certify that I taak charge of the remains described above, held on Autapsy Inquiry and in my apinian death resulted from: Natural causes Accident Suicide Hamicide (Undetermined manner TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER SIGNED_10-24-81 SIGNATURE 111 Penn St. EXAMINER'S Dixon, M.D. TYPE OR PRINT ADDRESS 23d. LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 11/13/81 Removal BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Anatomy Board Balto., Md.

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FOR STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4	1							REG. NO.			
		CEASED NAME	FIRST	^	AIDDLE	3.6.	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2h HOU	R
			omas	F. R	ay			Nev. 3, 1981		7:45	A M
20	3 SE	Х		4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR		
		Male	3116	White		Ju	Ly 17, 1925	56	MONTHS DAYS	HOURS	MIN.
2		IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8		9 BALTIMORE CITY OR COU			
6		Maryland		U.S.	. A.	WIDOW	D NEVER MARRIED DIVORCED	Baltimere C			
Real	10 C	ITY OR TOWN OF DEA	TH	11. NAME OF H	OSPITAL NURSIN	G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINE	MD.
14	В	altimore	0.00	Union	Memorial	ADDRESS)	ni tal	(TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY	1	
2 1	USU	AL RESIDENCE (IF NURS	NG HOME OR				J. 1. 0000E	TOTICEMEN	Dett	imere	City
5	13a	STATE aryland	13P CON	ITY	Baltimer	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
		ATHER'S NAME			Derring	G	YES X NO 1	1104 Reland	Heights	Avenu	е
ne		Ernest		Ray	LAST		FIRST	WIDDLE	U	AST	
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		100	14 11	7.1	212 20 0	107	Betty J. Ra	y Same			
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	-	Conditions, if any,	which	(b)							
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0	CER	21a. ACCIDENT WAS UND	ERLYING	21b. TIME OF			21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM			-
4	AL	OR CONTRIBUTING C		TH HOUR A.A	A. MONTH DA						
	MEDICAL	21d INJURY OCCURR		21e. PLACE C		19	211 LOCATION			-	
	M	WHILE NOT WHI	LE []	(AT HOME, STRE	EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TOWN	COUNTY	51	TATE
		22a.l certify that (1)		-1\ -444-4		TI	Jac 18	1113	81		
	13	sow the decease	d olive on.	9/1	1 10 5	1	nd that in (my) (aux)-oninion (death accurred on the date and I		that (I) (4	
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		20. SIGNATURE	5	A	. /		DEGREE ATTENDING A	MEDICAL STAFF	22c. DATE	SIGNED	C1
,		000	05 2.	Juen	my		PHYSICIAN	DIRECTOR PHYSICIAN		41	8/
		22d. PHYSICIAN'S NA					22e ADDRESS	Ol Dall A	· /	· /	
1		Dr. L	ouls	Grenzer			1101 N. Calv	vert St. Balt	imore, M	ict.	1
		BURIAL, CREMATION, (REMOVAL	236 DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY		
		Burial		6 Nev.	1981 Le	rrain	ne Park Cemete	Baltiman	Mary		BIATE
	24 FU	JNERAL DIRECTOR					25a DATI	E REC'D. BY REGISTRAR 256 REG	ISTRAR SIGNA	9/2	Ev.
		Burgee Fur	eral	Home 36	31 Falls	Rd.	21211 NO	V 4 1981 Com	cas Jan	1 moster	

DHMH - 16 50M 1/B1 (VRA 15, 4)

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IMPORTANT:

MEDICAL

STATE OF MARYLAND

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FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH		REG. NO.	2 8	7	ර	34
1. DECEASED NAME FIRST		MIDDLE	L.	AST	20 DATE OF DI	EATH XX	6 DAY	YEAR	2b HO	UR
HENRY		н.	RE	EDD	NOVEMBI	2122 /	198	1	2:0	00a4
3. SEX	4. RACE		5. DATE O		6. AGE (IN YEAR	S LAST BIRTHDAY)		ER I YEAR	IF UNDE	R 24 HRS
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16a WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	213-07		Maisie Re	edd 916	ADDRESS Rutla	nd Av	venu	ıe	
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per	line for (o), (b), on	id (c)					APPROXI BETWEEN	MATE INTE	RVAL
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7 4860 Conditions, if any, which	DUE TO, O	r as a consequi EPTICEM	ENCE OF					DAYS	S	
gove rise to immediate couse (a), stating the underlying couse last.		R AS A CONSEQUI		RESPIRATO	ORY FAII	LURE		2 WJ	EEKS	3
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21a. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY		21c. HOW INJURY OCCU				RPART 2)		_

OR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

23b. DATE

211 LOCATION

CITY OR TOWN

226. SIGNATUR

MEDICAL STAFF
DIRECTOR PHYSICIAN

224. DATE SIGNED

STATE

COUNTY

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL

BROADWAY, 220 ADODESSN .

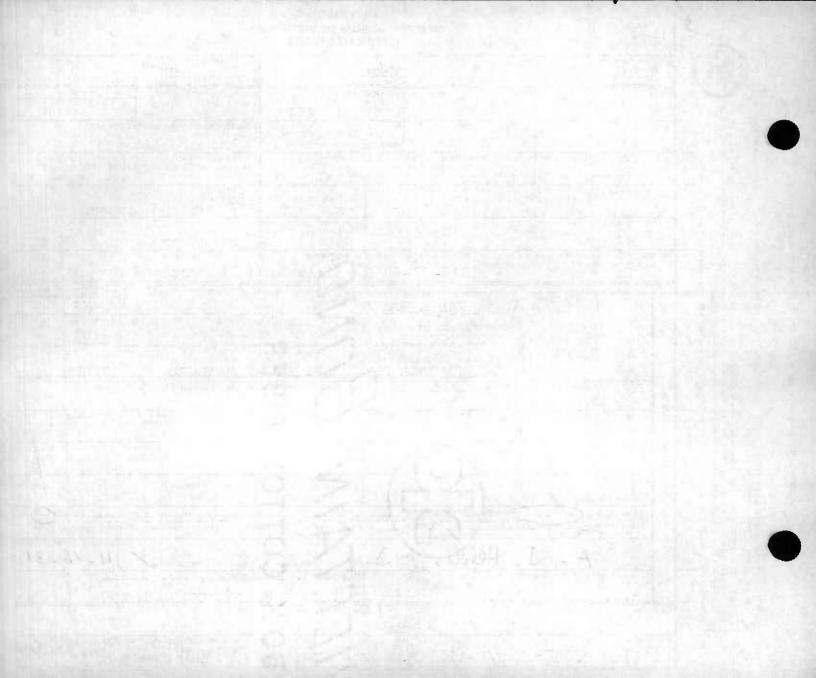
23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
city or town
Arbutus Burial Arbutus Mem Park | 1250. DATE REC'D. 11/20/81 24. FUNERAL DIRECTOR

DEGREE

March F/H 1101 E. North Ave

DHMH - 16 50M 1/81 (VRA 15, 4)



may be

STATE OF MARYLAND

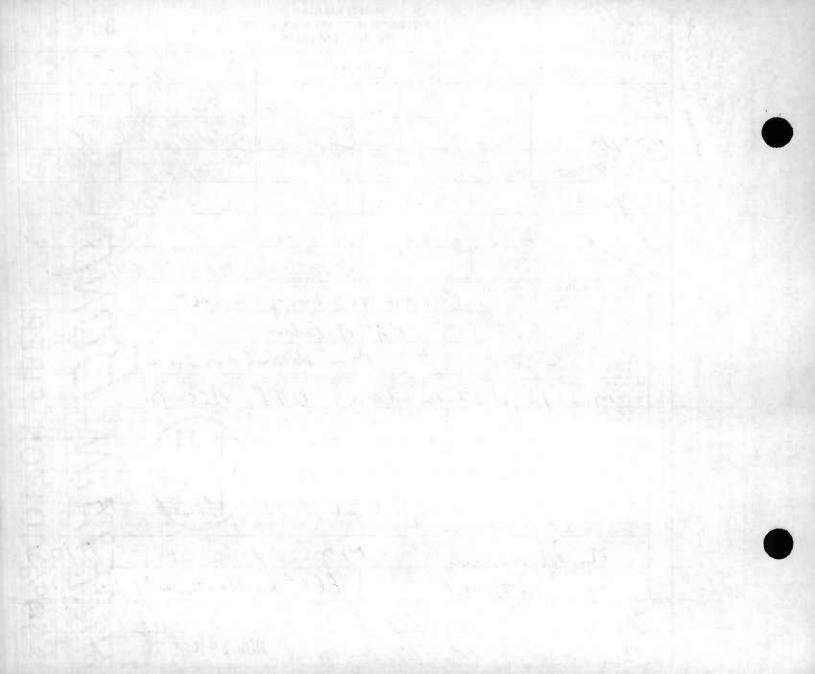
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				CEKITIT	ICATE OF DEATH		REG. NO.		
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DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

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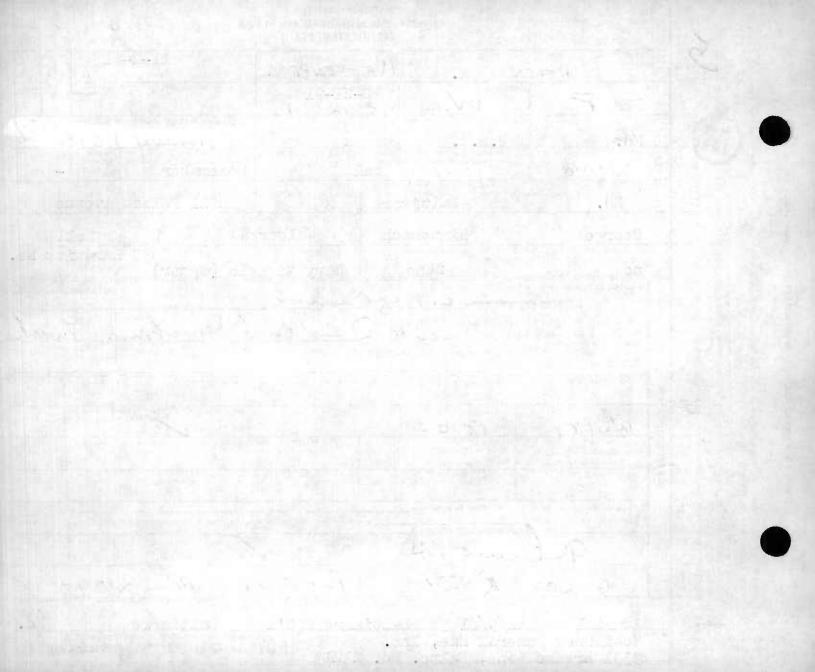
ESCHOOL WASHINGTON	STATE OF MARYLAND	
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physician. Ther this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to be the ond Mental Hygiene prior to be acked or frem 18 shows any injury	DESCRIPTION STATE OF OPERATION STATE OF INJURY STATE OF INJURY STATE OF INJURY IN ITEM 18, PART 1 OR PART 2)	H?
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ON OF VITA TYSICIAN: T drag physici is certificate burial-transi Mental Hygg in flem 18 sh	LOS CONTRIBUTING TO CAUSE OF DEATH. HOUR A.M. MONTH DAY YEAR	
SION OF PHYSICIA Finis certif the burial- ind Mentol d or Item	OR CONTRIBUTING COUNTY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY ST.	
IVISION IG PHY: ter this s the bu	WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY ST.	ATE
a a a a a a	22a.1 certify that (I) (this haspital) attended the deceased from 10/12/15, 19, ta 11/20/6, 19, that (I) (w	ve) lost
Pite for of for 17	saw the deceased office on 10/20/8 19 and that in (my. (aur.) apinion deoth accurred on the date and haur and fram the causes started obave. (1) (we) (did) (did not) view the body after deoth.	ited
to R AT The hosp the hosp to the hosp the hosp the hosp the bold t	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIREC	81
HOSPITAL ned by th FUNERAL lide be determine State	THE PHYSICIAN'S NAME (TYPE OR PRINT) 1226 ADDRESS	91
HO FU	S. ZAMUDIO ESCRIBA 3001 S. HANOVER ST BALT MD 21	1230
0 5 5 5 8 8 4 m	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STA	TE ,
290/BP	BURIA 11-24-81 Holy CROSS CEMETERY BALTIMORY MARKIAN 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRANS SIGNATURE	0
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FUNERAL DIRECTOR Chiarles L. STevens Funeral House, toc. 1501 E. FORT Am. MOV 24 1981 Funces Survey letter	en
	- 11 MAN WALL TO A T	

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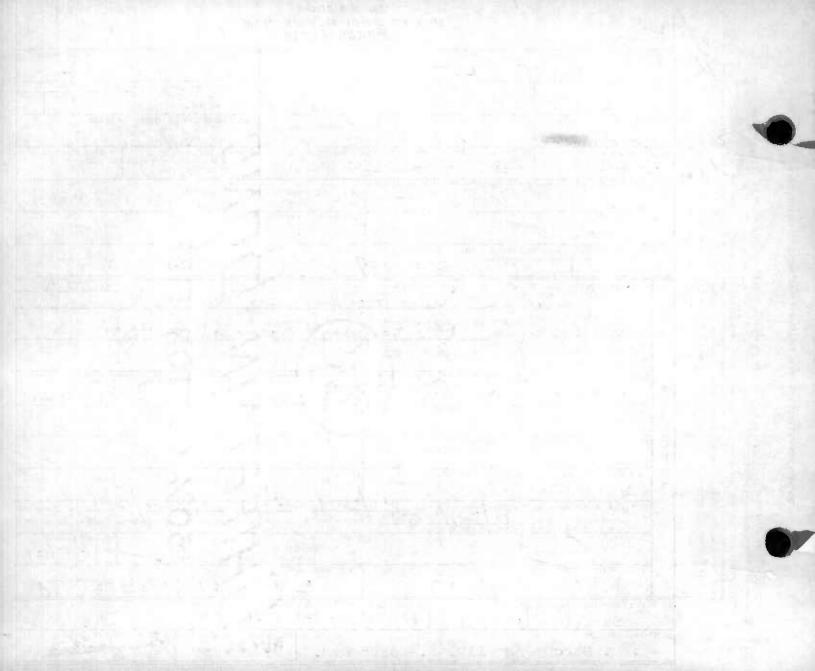
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME Elizabeth (AST Reichelt 20 DATE OF DEATH MONTH 1 DAY YEARS 26 HOUR 11-1-8 12:15 E 6. AGE (IN YEARS LAST BIRTHE 5 DATE OFBIRTH IF UNDER 24 HRS Female BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN NEVER MARRIED lanyland Baltimore City Baltimore 10 CITY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR HTY, GIVE STREET ADDRESS) BON SECOLI Ratail Sales Retired JOUAL RESIDENCE (IF NURSING HO 13c CITY OR TOWN 13d. INSIDE CITY LIMITS 1631 Ingleside Avenue Baltimore Maryland Woodlawn YES [15 MOTHER'S MAIDEN NAME 1ASMcDonald Frank **Florence Perry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? OCIAL SECURITY NO 17. INFORMANT NO ORLINKNOWN) (IF YES, GIVE WAR OR DATES) Mary Carol Gary, 720 Kent Avenue, Baltimore 215-07-7346 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: RENAL SHUTDOWN, ACUTE HRS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MYOCARDIAL INFARCTION, INF. ACUTE Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last HASCUD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220 I certify that (I) (this harmtal) attended the deceased fram. 19 851 saw the deceased alive an. and that in (my) apinian death accurred an the date and haur and fram the causes stated abave, (1) (aid) (did not) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME LTYPE OF PRINT 22e ADDRESS HOSPITAL the bluade WILLIAM 2000 ALTIMORE 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 11/4/81 New Cathedral Cemetery "Baltimore Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 Witzke P.A. (VRA 15, 4) 1630 Edmondson Avenue, Catonsville, Maryland 212

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,/	FOR STATE REGISTRAR		LTH AND MENTAL HYGIE! ATE OF DEATH	NE 8 1 2	8 9 9 0
N.	1. DECEASED NAME FIRST	MIDDLE LAST	2	O. DATE OF DEATH MONTH DA	AY YEAR 2b. HOUR
phoge 3	(TYPE OR PRINT) JES	SE L Re	id	11 2	981 constan
ge 4 mo ector, pu	MALE	A. RACE S. DATE OF BI	IRTH DAY S YEAR 8 6.		FUNDER LYEAR IF UNDER 24 HRS
Po Po	Ta BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	NEVER MARRIED 9.	BALTIMORE CITY OR COUNTY	OF DEATH
1 2 20	ALA	11.5A WIDOWED	DIVORCED [C: Ty	MD.
5 W/6	BALTO.	11. NAME OF HOSPITAL, NURSING HOME OR O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS), Lutheran Hospital	THER INSTITUTION 12	20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
AND 21:	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO	201	I INSIDE CITY LIMITS? 13	30. STREET ADDRESS FAIR	view AVE.
MARYL ted within	14 FATHER'S NAME LOUIS	MIDDLE Reid	Mittie	MIDDLE	Speffcer
MORE, and company of the medical	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SECURITY NO. 17.	INFORMANT	ADDRESS	CHINE THE
Do ar	(YES NO OR UNKNOWN) (IF YES.	2/30 38754	Marian Rei	id 4505 Fairvi	ew Avenue
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours a catending physician. Were this certificate has been signed by the attending physician and campletely filled in as the burial-transit permit. Then please remove carbon papers: Pages, rand 2 should be it than and Mental Hygiene prior to burial, cremation, or removal. orked or Item 18 shows any injury, or other traumatic event, the medical examiner must be a considered as the contribution of the contrib	PART I. DEATH WAS CAU	only one couse per line for (a), (b), and (c),) SED BY: IATE CAUSE (a)	Ingran	, arrost	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death c death c attendir nove cark ation, ar	Conditions, if easy, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	elie ar	cepholopath	
that the day the lease ren	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
orduires requires an signee Then pl	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT	related to the terminates me	AL DISEASE OF CONDITION GIVE	Septicemia.
TAI RECO The law ricion. te has bee sit permit. giene prio	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	195. CONDITION FOR WHICH OPERATION W	AS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
SION OF VITA PHYSICIAN: T ending physicit this certificate the buriol-tronsi and Mental Hygi d or Item 18 sh	00 000 150 150 100 100 100 100 100 100 1	DEATH HOUR A.M. MONTH DAY YEAR	c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
VISION 3 PHYSI 3 PHYSI 4 this ce 4 the buri 6 and Mei	21d. INJURY OCCURRED WHILE NOT WHILE		F LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVIS Par after the seasthe and marked	220.1 certify that (I) (this has	spital) attended the deceased from	SC/ 1981	10 11 29/19	that (I) (we) last
TTEN TOR Tor u of H	saw the deceased alive above, (1) (we) (did) (did	on 19 , ond the	not in (my) (our) opinion dec	oth occurred on the date and hour o	and from the causes stated
OR A he hos	22b. SIGNATURE	DEG	ATTENDING	MEDICAL STAFF	22L DATE SIGNED
PITAI by the property of design of the Stote	22d. PHYSICIAN'S NAME (TYP	E OR PRINT) 220	PHYSICIAN C	DIRECTOR PHYSICIAN	14/2-7/5/
TO HOSPITAL (retained by the TO FUNERAL I should be deta with the State I IMPORTANT: If	KYAW	NYUNT	LUT	HERANH	LATIAZON
186	230. BURIAL, CREMATION, REMOV.	77 4 10 - 34 0	emorial Pk.	23d. LOCATION CITY OR TOWN	COUNTY STATE
200 BP	Burial 24 FUNERAL DIRECTOR	12/2/81 King Me	Inolial PK.	Baltimore	Co. MD
DHMH-16 30M 2/80 (VRA 15, 4)		F/H 1101 E. North	Ave.	ECD. BY REGISTRAR 25 REGISTR	SIGNATURE



ohysician and completely filled in by the papers. Pages 1 and 2 shauld be filed

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician is should be detached for use as the burial-transit permit. Then please remove carban papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If them 21 is marked at Item 18 shaws ony injury, at other traumatic event, the

etained by the haspital ar attending physician

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	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEASED NAME FIRST JE (TYPE OR PRINT) BABY G	11/2/81	MONTH DAY	YEAR	26 HOUR 10:03 ♠						
	3. SEX		5. DATE OF BIRTH			RTHDAY) IF UNI	DER I YEAR	IF UNDER 24 HRS			
	F	W	I	1	1/2/81 YEAR		YPS	DAYS	HOURS MIN.		
5	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8					9. BALTIMORE CITY OR COUNTY OF DEATH CITY					
1	baltimore city	AGNES HOS	DR OTHER INSTITUTION L	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY							
	USUAL RESIDENCE (HE NURSING HOME OF C 130 STATE MD Balto	THER INSTITUTION. TY	Arbutus	ADMISSION)	13d INSIDE CITY LIMITS? YES NOXX	1351745 ADDRESS	olling R	d. 21	227		
1	THOMAS					WALLACE WALLACE					
-		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORM 18 YES, GIVE WAR OR DATES 1 10 NOR UNKNOWN) 18 YES, GIVE WAR OR DATES 1 10 NOR UNKNOWN) 17 INFORM Thom					as Renehan, 5113 S. Rolling Rd.				
	Conditions, if only, which gove rise to immediate couse lost, storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED	YES NO YES					
	OR CONTRIBUTION CONTRACTOR OF THE LEG	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURRE	R PART 2)					
	OR CONTINUOUS CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (OF INJURY BEET, FACTORY OFFICE, FA	RM, ETC)	21f LOCATION STREET	CITY OR TO	OWN CO	OUNTY	STATE		
	22a. I certify that (1) (this hospital) attended the deceased Iram										
	Bert 7.) 22d. PHYSICIAN'S NAME (TYPEOR)	MEDICAL STA	FF _	a. DATE ST	, veb						
	BERT F. MORTON, M.D. 22e. ADDRESS St. Agnes Hospital										
2	30. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	23t N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cour	NIY	STATE		
L	BURIAL	The state of the s									
12	WTTZKE F. HOM	E 1630	EDMOND	SON	AVE. BALTOUL	REC'D. BY REGISTRAR DD 121938	256 REGISTRA	SIGNAT	KILL MD?		

DHMH - 16 50M 1/81 (VRA 15, 4)

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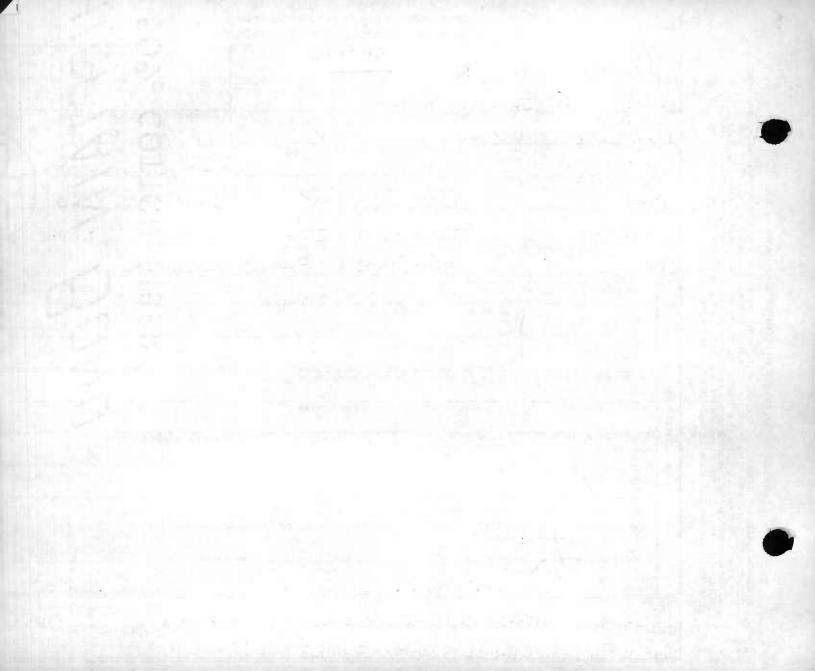
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NAME OF TAXABLE AND ADDRESS OF TAXABLE PARTY.

Homes, P.A., Bethesda, Maryland

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	1.	FOR		OF MARYLAND ALTH AND MENTAL HYG	IENE	0 0 0	2
		STATE REGISTRAR		R'S CERTIFICATE OF D	75 1	8 9 9	ú
	1. DE	CEASED NAME FIRST		HOADS	20. DATE KNOWN A		. HOUR
d	3. SE2	MAGE S. DAT		Odes - I if under 1 yr. If under 24 H	RS. 2c. DATE	11 1819 81 DAY YEAR 120	M d HOUR
9		MONI	TH DAY YEAR LAST BIRTHDAY) CO 31897 84 YRS.	MONTHS DAYS HOURS MIN			11:34
11			IZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR C	DUNTY OF DEATH	PM
2	10	IARYLAND U			□ Baltimore		MD.
0			ME OF HOSPITAL, NURSING HOME, C NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 5220 York Roa		USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	OR INDUSTRY	
35	USU/ 13a. S	L RESIDENCE (IF IN NURSING HOME OR OTHER 136 COUNTY	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		STREET ADDRESS	V 2	
35	14. F	THER'S NAME	BALTIMORE	15. MOTHER'S MAIDEN NA	AME SAND MOR	K ROAD	
C		WALTER G.	THOMPSU	FIRST	MAY	K . OC-	
1	16a. V	/AS DECEASED EVER IN U.S. ARMED FO S. NO, OR UNKNOWN) (IF YES, GIVE WAR OR D	RCES? 166 SOCIAL SECURITY N		ADDRESS	NIAG-	
	_{	(IF YES, GIVE WAR OR D	316 03 140	7 FAMILY	RECORDS		
		18. CAUSE OF DEATH (Enter only one c PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSED Conditions, if any, which	Castus intesti	nal hemorrhage		APPROXIMATE INT BETWEEN ONSET AN	D DEATH
ION, OR R		gave rise to immediate	(b) DUE TO, OR AS A CONSEQUENCE OF (c)				
EMAT	N.	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIVEN IN PART 1 (a	0.		
2	CERTIFICATION	196. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOPSY?	XX OF
3		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED (EN	NTER NATURE OF INJURY IN ITEM 18 PART		~ AX
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SI AFTER DEATH, WITH THE STATE DEPARTMENT OF HALTH AND MENTAL HYGIENE, DIVISION OF VITAL I BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		22a. I certify that I taak charge al the death resulted Iram: Natural caus		le, Hamicide Ui	Inquiry , and in	my apinian	
JKE, MA		ACTUAL SIGNATURE	Mari	M.D. Assistant		DATE 11/19/	81
SALTIMO	22-0		ez R.Guard, M.D.		enn Street, Ba	lto.MD 21201	
(40	13	JRIAL, CREMATION, REMOVAL 23b. DAT		- 1 0 -	d. LOCATION City ORTOWN	COUNTY STATE	
-		INERAL DIRECTOR			D. BY REGISTRAR 255 REGISTR	AR'S SIGNATURE	1
(5))	5.	MANS FUNZAAL CH	INFIL SSOOHAR	FORD RO NOV 2	1 1981 France	Janlasten	



MIDDLE

FOR

REGISTRAR

FIRST

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH

NOV.

IF UNDER I YEAR

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY

12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

126. KIND OF BUSINESS OR INDUSTRY Own Home

4106 Loch Raven Blvd.

Jackson

Mr. Benjamin P. Rich, Balto., Md.

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a

YES [

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

STATE

NO F

and that in (my) (aur) opinion death accurred on the date and hour and fram the causes stated

21212

LAST

STAFF

22c. DATE SIGNED

UNION MEMORIAL HOSPITAL

Entombment 11/6/81 Druid Ridge 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

Balto., Md.

4905 York Road

Pikesy

DHMH-16 30M 2/80 (VRA 15.4)

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Workston 11,1841 History

Catonsville.

Md

Funeral Home

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

6:00

IF UNDER 24 HRS

21228

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

8

22c. DATE SIGNED

STATE

MILES THE PROPERTY OF THE PROP STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

THE LINE SHEET KINGSON WINE STEED SALTURE CONTRACTOR OF THE SECOND STATES OF THE SECO programme and the second secon CH of the function of the first Marine Committee of the the state of the s

W.C. MARCH F/H 1101 E. NORTH AVE.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

IF LINDER 24 HRS

IF UNDER I YEAR

INDUSTRY

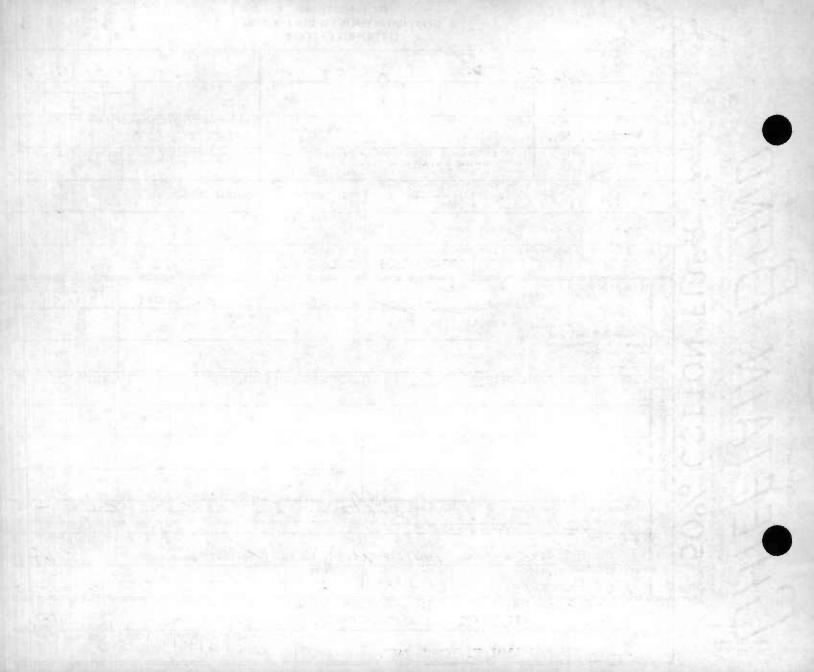
UNKNOWN

YES [

COUNTY

COUNTY

THE DATE SIGNE



STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) HKIN DAVID VID RIFKIN 08 IF UNDER 24 HRS 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MAYTH 15 1907 CAUCEIAN BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED RUSSTA USA BALTIMORE DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) NONE MOSPITAL APT. D WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13¢ CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ARKS LANE. #21215 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE WIDDIA **GANTMAN** YEHESKIL RAZEL RIFKIN HEBREW BURTATESS SOC. SER. 16n WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT IVES NO OR UNKNOWN BALTO. MD 1330 REISTERSTOWN RD. NO 212-94-9944 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ARDIAC STANDSTIll - ASYSTOLE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARDIOGENIC SHOCH - INF. WALL M.I Canditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT NO [216. TIME OF INJURY 21n. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM FTC) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from

22b. SIGNATURE

224 PHYSICIAN'S NAME (TYPE OF PRINT) BEBAN 22e. ADDRESS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

19_<u>&1</u>__, and that in (ny) (our) opinian death occurred an the date and hour and from the couses stated

MEDICAL

DIRECTOR PHYSICIAN HOSPITAL

230. BURIAL, CREMATION, REMOVAL

(SPECIFY) BURIAL

23b. DATE NOV.9.1981

BALTIMORE HEBREW

23d LOCATION BATTIMORE MARYLAND

22c DATE SIGNED

24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO. MD 21215

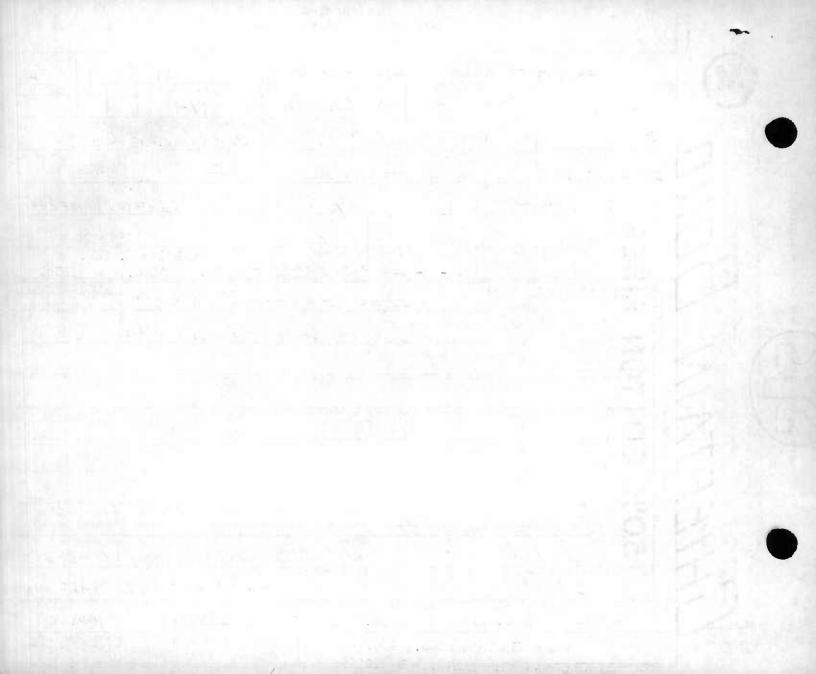
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80

(VRA 15, 4)

ATTENDING

PHYSICIAN



injury, or other troumotic

IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR							REG.	NO.		
	CEASED NAME	FIRST	1	MIDDLE		LAST		20. DATE OF DEATH	MONTH DA	AY YEAR	2h HOUR
(TYP)	Ge (orge	Leig	ghton	Rine	es			11-28	7-81	10-15 AM
3. SE		41.7	4. RACE		S. DATE (6. AGE (IN YEARS LAST		ONTHS DAYS	
33	Male	100	Whit	ce	Ja		1913	68	YRS.	DIVINS DATS	HOURS MIN.
70. B	IRTHPLACE (STATE OR FO	DREIGN :	b. CITIZEN OF	WHAT COUNTRY?	8.	NEVED	MARRIED .	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	Maryland		U.S.	.A.	WIDOW		IVORCED	Balto. C	city		MD
10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120. USUAL OCCUPA			OF BUSINESS OR
II.	Balto.		Union	Memorial	Hosp	pital		Salesman			lerors
	AL RESIDENCE (IF NURSI	135. COUN	OTHER INSTITUTION.			AIR INICIAL	CITY I I I I I I I I	LA CYPEST LOOPES			
	aryland	Balt	imore	13c CITY OR TOW	N	YES T	NOXX	13e. STREET ADDRES 608 Fair		2120)4
14. FA	ATHER'S NAME	The same				15. MOTHER	'S MAIDEN NAM				
	George		very	Rines,	Jr.	C	atherine	€ WIDDLE		Gilr	oy
	WAS DECEASED EVER I			166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	ADD	RESS		
	YES. NO OR UNKNOWN)	WW	VAROR DATES)	216.05.6	80 A	Ruth	e W. Rir	nes (Wife)	Same	as 13e	
	18. CAUSE OF DEATH	(Enter onl	y one couse per	line for (o), (b), one	(c).)					BETWEEN	ONSET AND DEATH
	PART I. DEATH WA		DBY: E CAUSE (o)	Cardio-	Pulm	onery	Arrest			~ 4	menths
	1.529			R AS A CONSEQUE		-					
5	Conditions, if any,	which	(b)	meto	5 A	Lun	9 Corein	omy/Bran	n Corcinm	Dx.	5/81
	gove rise to imm couse (a), stating		DUE TO O	R AS A CONSEQUE							
	underlying couse	lost.	(6)	Colo		carcin	one			Dx	1977
	PART 2. OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR CO	NDITION GIVE	N IN PART 10	101
CERTIFICATION	Curstill of	~									
CAI	190. DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?		WERE FINDI	NGS USED S OF DEATH?
TIE								YES NO	YES		NO 🗆
CER	OR CONTRIBUTING			FINJURY M. MONTH DA	Y YEAR	21c. HOW II	JURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT 1 OR PART 2)	
SAL	(IF EITHER NOTIFY MEDIC				19						
MEDICAL	21d. INJURY OCCURR	ED	21e. PLACE		. D FEE .	211 LOCAT		CITY OR	IOWN	COUNTY	STATE
\$	WHILE NOT WHI	LE C	(AT HOME, SIK	EET, FACTORY, OFFICE, FA	ARM, ETC.)	JINE					
	220.1 certify tho	this hospite				1/20	. 19 81	_, to	· 1	9 51	that (we) lost
10	sow the deceoses	d olive on	1/2	ofter death	5 . 0	nd that in my	(our) opinion d	eoth occurred on the	date and hour	ond from the	couses stoted
	226 SIGNATURE	707,000,000	_ new me body	oner deam.	1,75	DEGREE			7000	22c. DATE	SIGNED
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	22d PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e. ADDRE				1 1	
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23a. F	BURIAL CREMATION F		123b. DATE				CREMATORY	23d LOCATION	100 101100	1	
	(SPECIFY) Cremation		11/30/				coma to ser	CITY OR TOWN		COUNTY	STATE
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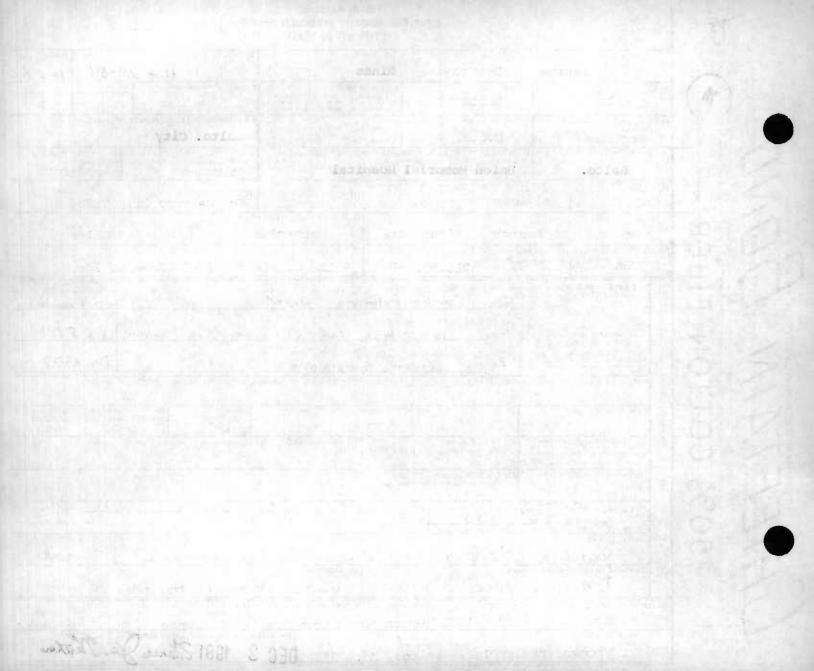
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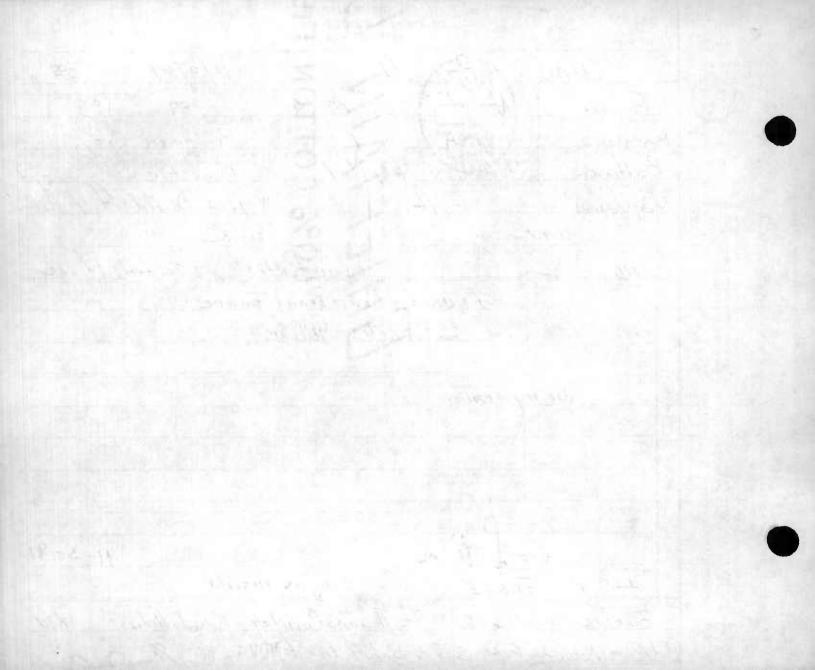
24. FUNERAL DIRECTOR

FOR - STATE

Walter Brooks Bradley Inc., Balto., Md.

Green Mount Crematory Baltimore Maryland
256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAL RE1000. Md. 212220 C. 2. 1981 Carres Car. Author

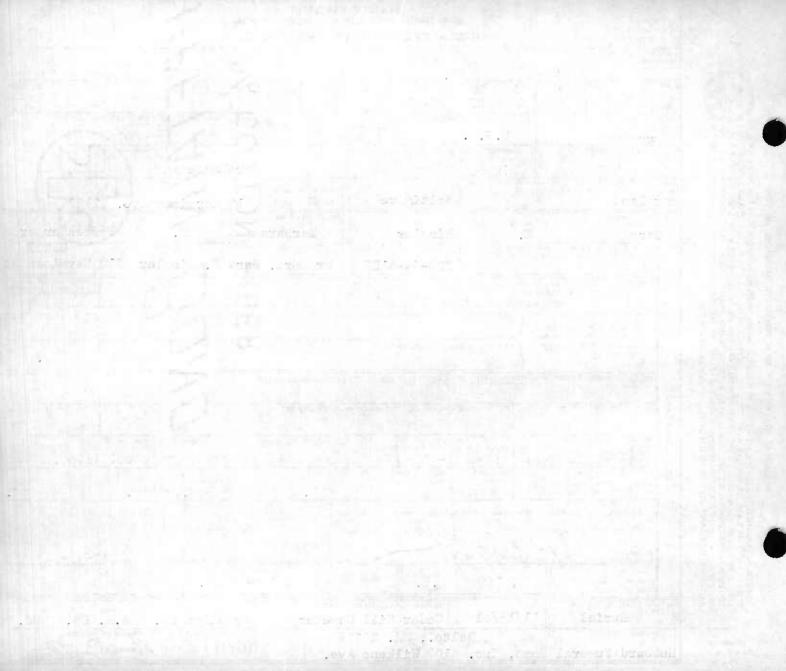




DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME O DATE KNOWN IX 2b HOUR (TYPE OR PRINT) OF ESTI-1081 DEATH MATED RICHARD RINGLER 4. RACE DATE OF BIRTH AGE (IN YEARS 1:51 3 SEX DATE PRONOUNCED 4 25 56 25 1,81 DEAD white male 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY PM 3. RETAIN PA ND 2 SHOULD BE F VITAL RECORDS, 2 Baltimore Warehouseman Solo Cup University Hospital 13a. STATE 13b COUNTY 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland YES X 212 Harmison 21223 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Puffenberger M. Ringler Barbara K. Gary USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AT OF HEALTH AND MENTAL HYGIENE, DIVISION OF IRIAL, CREMATION, OR REMOVAL. 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN 212 Harmison S 220-64-4125 Mr &Mrs. Gary K. Ringler APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral trauma IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CHIES

TOR: PAGE 3 SHOULD BE USE
THE STATE DEPARTMENT OF I YES NO X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR 1:55×xx 11-12-198 Passenger in motorcycle/auto collision. CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) street 2700 blk. Frederick Ave., Balto. Md. 22a. I certify that I taak charge of the remains described above, held an and in my apinian Undetermined manner death resulted fram Accident Suicide TO FUNERAL DIRECT AFTER DEATH, WITH TITLE (SPECIFY) ACTUAL DATE 11-13-81 Assistant MEDICAL EXAMINER SIGNATURE Ahn M. Dixon, M.D. 111 Penn St. EXAMINER'S NAME TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE STATE 11/16/81 Burial Cedar Hill Cemetery Brooklyn Pk. A.A. Co. Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Balto., Md. 21229 (VR A15 ME (5) Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 1584 2780

STATE OF MARYLAND



completely filled in by the funeral directors ond 2 should be filed within 72 hoursjeft

		FOR - STATE REGISTRAR		CERTIF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	RE	6. NO.	9		0 4
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEAT	H MONTH	DAY	YEAR	2b HOUR
	3. SE	MARY	VIRGINIA		ITTERBUSCH	4 .05	11	21	81	3:04PM
			4 RACE	5 DATE C	DAY YEAR	6 AGE (IN YEARS LA		MONTH	DER I YEAR	HOURS MIN.
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3		COUNTRY)	76 CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED				EATH	
6	_	VIRGINIA ITY OR TOWN OF DEATH	U.S.A. 11. NAME OF HOSPITAL, NURSING	WIDOWE		BALTIM				MD.
110			(IF NOT IN SUCH FACILITY, GIVE STREET A	(DDRESS)		(TYPE OF WORK FOR M	OST OF WORKING	LIFE) IN	DUSTRY	F BUSINESS OR
30		BALTIMORE AL RESIDENCE DE NURSING HOME OF	ST. AGNES		ITAL	BEAUTY O	PERATO	R S	ELF-	EMPLOYED
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30C	72	UNKNOWN	ROSE			UNKN	OWN		LA.	
dicol		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUR	RITY NO.	17 INFORMANT	Al	DRESS			
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ar other troumatic event		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	D BY TE CAUSE (0) DUE TO, OR CONSEQUE DUE TO, OR AS A CONSEQUE (c)	NCE OF	relevel	unfa un hype	refr den	ni	h	MATE INTERVAL INSET AND DEATH
y injury.	TION		conditions <u>contributing to d</u>							
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATIO	n was performed	20a AUTOPSY? YES ☐ NO[IN CER			GS USED OF DEATH? NO
Hem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM I	B PARTIC	OR PART 2)	
morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CITA	OR TOWN	C	OUNTY	STATE
2 1 15		soy the deceased alive on aliave, (I) (wernood) (did no	tol) ottended the deceased from		nd that in (my) (ever) opinion	ta, ta	ne date and h		fram the	
MPORTANT: # Heen		22 SIGNATURE 214. PHYSICIAN'S NAME (TYPE OF	Jallog		ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL DIRECTOR PH	STAFF YSICIAN _		1/-Z	
MPORT		LAURENCE R. G	ALLAGER, M.D.		ST. AGNES M	EDICAL CEN	TER, 2	1229		
		burial, crémation, removal (specify) UR LA L			ORE NATIONAL	23d LOCATION CITY OF TOW BALT IM		TY cou	мтч	ARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BP OHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

BALTIMORE NATIONAL 21229 | 250 DA HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

PALTIMORE CITY 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR 5 1981

MARYLAND

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Anatomy Board

STATE OF MARYLAND

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n/	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	0.) 0 0 6
15	1. DE	CEASED NAME PIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
moy be		BENJ	AMIN	Roberts		11-20	J J J J W
o die	3. SE	X	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	THOAY) IF UP	NOER I YEAR # UNDER 24 HRS
e de la companya de l		Male	Black	6 10 1895	86	YRS	
7 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED LENEVER MARRIED	9 BALTIMORE CITY O	K COUNTY OF	DEATH
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offer with	F	BALtimore.	(IF NOT IN SUCH FACILITY, GIVE STREET Provident Ho	ET ADDRESS)	(TYPE OF WORK FOR MOST C	OF WORKING LIFE)	INDUSTRY
ours ours in by		AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	Longshore		Naterfront
ND 2		state 136 cour	NTY Baltin	NOTE YES NO	13e. STREET ADDRESS	aw Pl	Baltimore.
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MARYLAND ed within 24 mpletely filler ond 2 should		Benjamin	Robert Robe	ertsSr. Priscil			arrington
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BALTIMORE, one be executed to pers. Pages 1 your ond control of the pages 1, the medical of the person of the person of the person on the person of the pers		No	219-07	-0548 Mrs. Hild	a M. Rober	ts 191	
BALI operation of the lift, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), a		0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The low requires the outerding physicion. After this certificate hos been signed by the burdel-tronsit permit. The proposite hond Mental Hygiene prior to burdel or hear 18 shows ony injury, or a corked or them 18 shows ony injury, or a corked or them 18 shows ony injury, or a corp.	NO	DIAG	1	ELLITUS	WITH DISEASE ON CO.	D.11.0.1.0.1.E.1.1	
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ALR he k ion. hos it per iene	E				YES NO	YES [
VITAN. T hysici hysici li Hygi II II 8 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)
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END olo olo Tuse Heol		220.1 certify that (I) (this hasp	oitol) attended the deceased from	81 and that in (my (lour) opinion	, to on the d	25, 19	that (I (we))lost
ATIT OSPIN	A		of view the body after death.	DEGREE		ore one noor on	226. DATE SIGNED
DIR He h		MI 11	in la co	ATTENDING	MEDICAL STA		11-52-31
HOSPITAL med by 14 FUNERAL vid be det ortant:	-	22d PHYSICIAN'S NAME (TYPE O	OR PRINTI	PHYSICIAN	DIRECTOR PHYSIC	IAN	11
		A. MIRA	Nn A	PROVI	DENT It	25817	2.(
of of with MP		BURIAL, CREMATION, REMOVAL			23d LOCATION		
40 BP		Burial	11/30/81	ryland National morial Park	Anne Aru	andel C	County, Md.
DHMH - 16 50M 7/77	24. F	UNERAL DIRECTOR BACT IN	MARIT	MARYLAND ZIZIG PAPA	TE REC'D BY REGISTRAR		'S SIGNATURE
(VR A 15 (4))	He	CABERT E. NUTTE	R FUNBRAL 3035	W. NUNTH AVE.	121 1001 2	Thomas &	Olenthen

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	1.	FOR STATE REGISTRAR		DEPART		ICATE OF I	MENTAL HYC		EG. NO.	, 9	J	0 /
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7		ARYLAND	U.S	S.A.	WIDOWE		VORCED T	BALTI	MORE CI	TY		M
	10 C	ITY OR TOWN OF DEATH	II. NAME OF	HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120 USUAL OCC	UPATION	12b		F BUSINESS O
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15		ARYLAND		BALTIMO		YES X	NO		ILKENS	AVEN	TE	21220
-		ATHER'S NAME			1013		S MAIDEN NA		THICHIED	ZI V LALT	0149	21227
X		UNKNOWN	WIDDLE	MAT'THE	TIC		FIRST	UNKN	O T.T AT		LAST	
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1		18 CAUSE OF DEATH (Enter						16.			APPROXIA	MATE INTERVAL
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		4100	DUE TO, O	OR AS A CONSEQUE	NCE OF							
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_	CERTIFICATION	Left Radi	cal Ma	stectomy	197	6 (2	Diak	etes Me	llitu	es, were		
2	SE SE					N WAS PERFO	KWED	200 AUTOPST	IN CER	IFYING C	AUSES	OF DEATH?
1	E	1976	Ca	left bre	ast			YES NO		YES 🗌		NO 🗌
9		OR CONTRIBUTING CAUSE OF E	ZID. TIME	A.M. MONTH DA		ZIC HOW IN	DURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM II	B PARTIORI	PART 2)	
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		sow the deceased alive a above, (1) (we) (did) (did	$\frac{11}{20}$	/8119			(our) opinion	deoth occurred on	the date and h	our and fr	om the c	hot [1) (we) for couses stoted
		226. SIGNATURE	VI	PI		DEGREE	ATTENDING	MEDICAL	STAFF		DATE S	
		slysley	NU	adu	my		PHYSICIAN [DIRECTOR P			T T / 4	25/81
1		22d, PHYSICIAN'S NAME (TYPI	OR PRINT)			22e ADDRES	S					
1		STEPHEN K. PA	DUSSIS,	M.D.		ST.	AGNES M	EDICAL C	ENTER.	2122	9	

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

marked or Item, 18 shaws ony injury, or other troumotic

IMPORTANT: If Hem 21 is

238 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL 11-27-81

24 FUNERAL DIRECTOR

23d LOCATION

23c NAME OF CEMETERY OR CREMATORY MOUNT OLIVET

FREDERICK FREDERICK

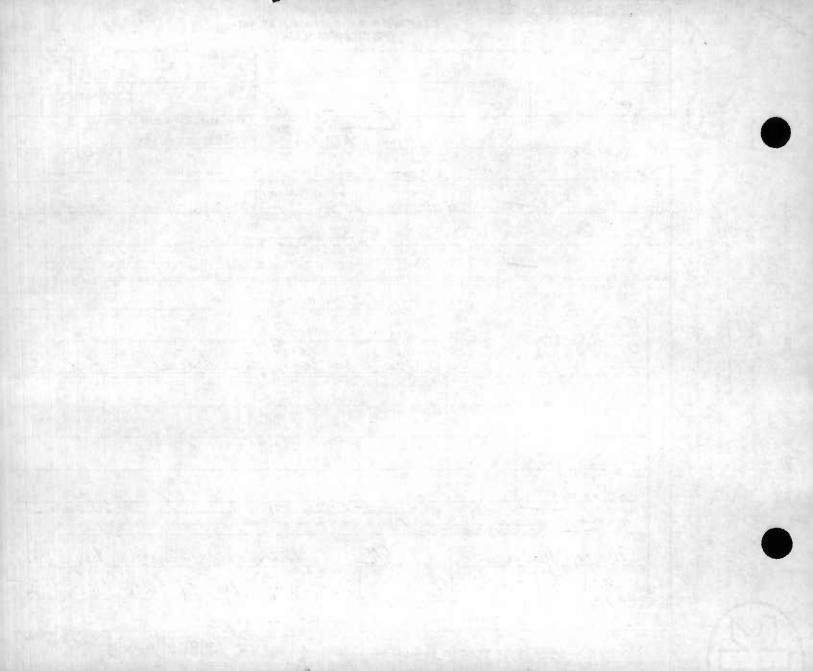
21229 ADDRESS WILKENS AVE HUBBARD FUNERAL HOME, INC. 4107

NOV 27 1981 August Signal Registrar's Signal Reference

STATE MD.

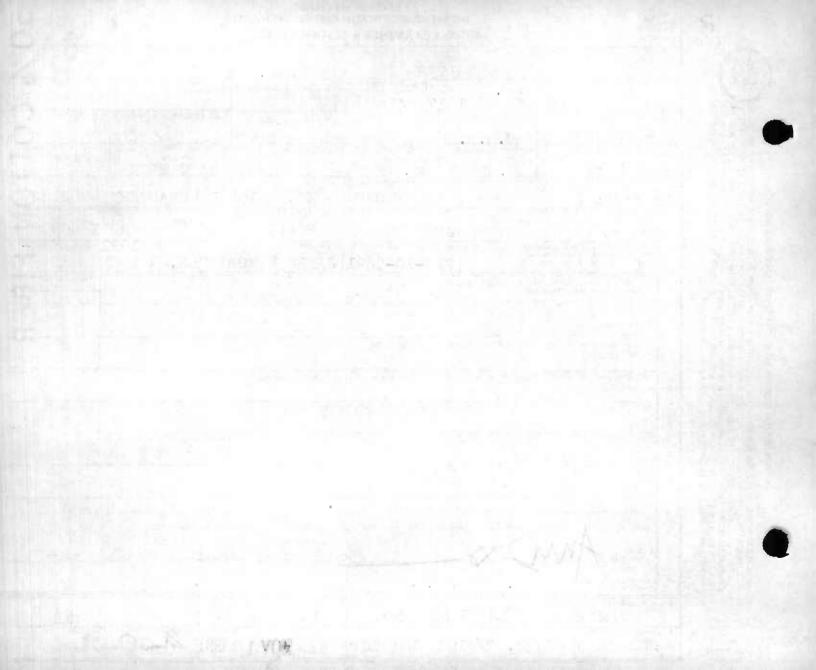
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ATT nosput ECTC ed fo.	E .	obove, (I) (we) (did)	(did not) view the body	ofter death.		DEGREE	on death occurred on the d		ATE SIGNED
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TO HOSPITAL TO FUNERAL Should be det whit the Stote Whit he Stote Whit h	2	22d. PHYSICIAN'S NAME	KRIFGER	111		22e ADDRESS	DC/11/2 21	HANNES AK	7/27
should should have		230 BURIAL, CREMATION, REM		123c N	NAME OF C	EMETERY OR CREMATOR	23d LOCATION	Must M	141W
dood BP_		Burial	11/5/8			Memorial Par	CITY OR TOWN	COUNTY	Md Md
DHMH-1650M1/8	31	24 FUNERAL DIRECTOR				25a D	ATE REC'D. BY REGISTRAR	251 REGISTR	Marken
(VRA 15, 4)		William C. Ma	rch F/H 110	01 E.Nort	h Ave	nue N	ov 4 1981	(paness)	



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN KT 2a. DATE 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 10 81 JAMES WALTER ROBINSON. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS 2d HOUR 3 SEX DATE LAST BIRTHDAY) PRONOUNCED 9:20 81 DEAD 9 97 64 male 19 negro 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND WIDOWED DIVORCED Baltimore City O. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION AIRCRAFT TECH Baltimore Agnes Hosp. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1 AND 2 SHOULD 13b. COUNTY 13d. INSIDE CITY LIMITS? MARYLAND 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 MIDDLE MIDDLE FORM 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ED AS A BURIAL - TRANSIT PERMIT, PAGES I HEALTH AND MENTAL HYGIENE, DIVISION IL CREMATION, OR REMOVAL. 218-10-5691 NO APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION USED / 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMNER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLTIMORE, MARYLAND, 21201 PRIQR TO BURBIAL, YES | NOKK 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 71e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) WHILE CITY OF TOWN COUNTY STATE AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Accident Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 11-10-81 SIGNATURE 111 Penn St. EXAMINER'S NAME Dixon. M.D. Ann TYPE OR PRINT 23d. LOCATION CITY OR TOWN 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE NATIT MEM PARK LAUREI 25a. DATE REC'D. BY REGISTRAR 126 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** W JONES, JRY 4101 EDMONDSON AV (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND



1348 N. CAlhoun St

K. BAILEY

FOR

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND

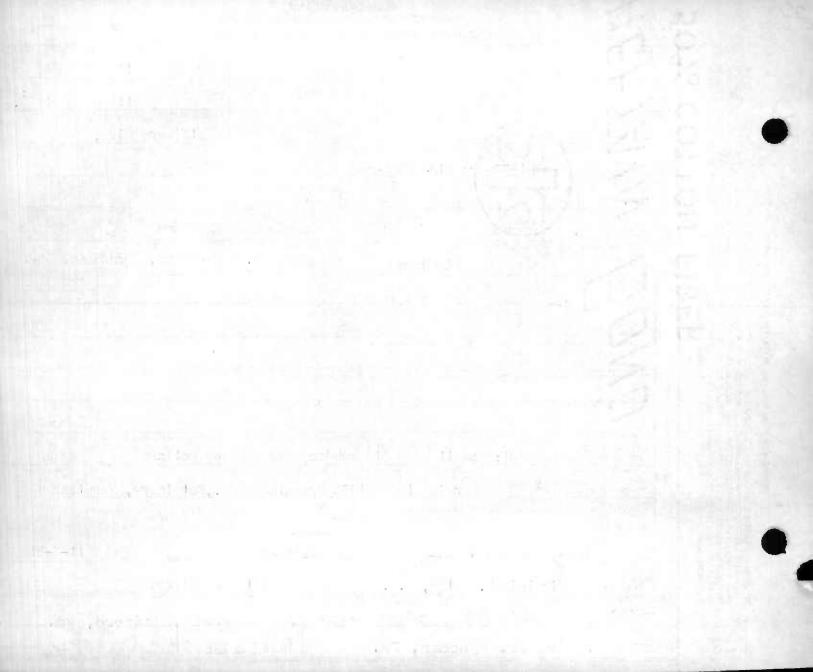
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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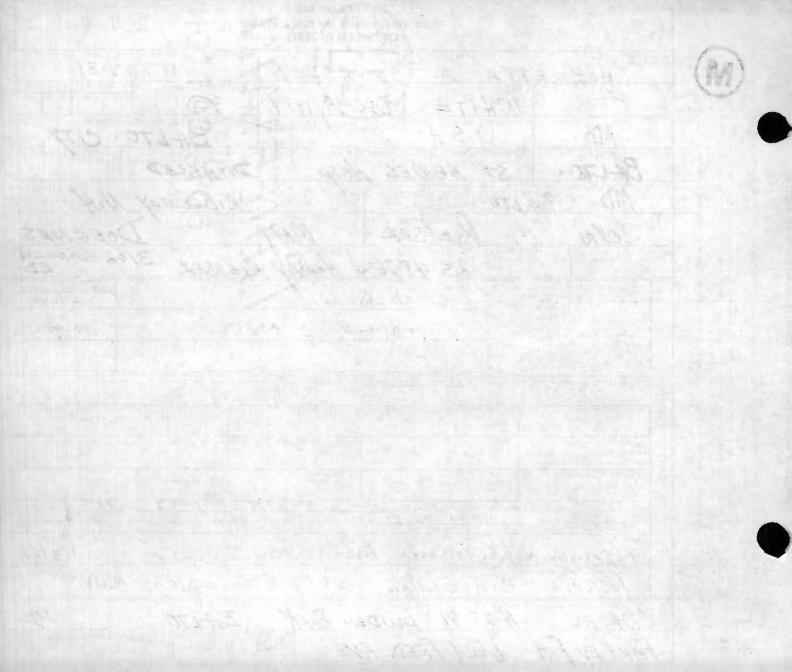
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR KNOWN X I. DECEASED NAME 20. DATE (TYPE OR PRINT) OF ESTI-Earl DEATH MATED 8 19 Thomas Robosson 2:15 2:15 a.M 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS DED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PMGS. 12, AND 310 THE FUNERAL DIRECT BE 3 SHOULD BE USED AS A BURIAL-TRANSIT FERMIT. PAGES AND 2 SHOULD BE FILED, WITHIN 72 HOLD DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MATALECORDS, 201 W. PRESTON STRILL PRIOR BE FILED. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 61 1964 6 DEAD Male White 19 81 Th. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Laborer OR INDUSTRY Baltimore 530 Broening Highway USUAL RESIDENCE (IF IN NUMBER 30. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Bedford vndman YESTA enna. NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST Geraldine Chapman Robosson 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) Charles W. Robosson, Hyndman, Pa. No Misplaced 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY Gunshots to Head and Back (handgun) IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "F PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES KX NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING A OR YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 1:55 6 1981 subject was shot by police 214 INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC.) 1530 Broening Hawy. Baltimore, Maryland parking lot 22a I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion Hamicide XX death resulted from: Natural couses Undetermined monner Accident TITLE (SPECIFY) ACTUAL Assistant DATE 11-6-81 SIGNATURE EXAMINER'S NAME III Penn Street Virginia L Dolan. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY Burial Hyndman Cemetery Hyndman BP Redford 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Zielger, Hyndman, Harvey (VR A15 ME (5) 15M 2/80



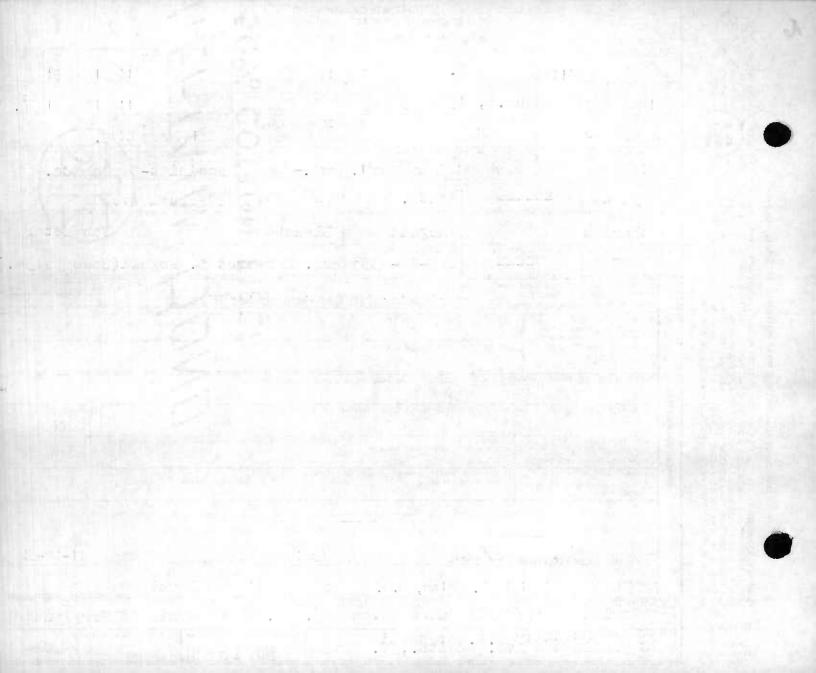
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ad bluo	SUA Sa Si	ATE ATE	HER INSTITUTION, GIVE RESIDENCE BEFORE		STREET ADDRESS	UAY N.	4 21 8
S Jour 14	FAT	JOHN C	PIESSE	15 MOTHER'S MAIDEN NA	MIDDLE	DOE	GNES
Je medico		AS DECEASED EVER IN U.S. ARME S, NO OR UNKNOWN) (IF YES, GIVE W.		2-2634 HENRY	ROESSEL	3/02 6	ED.
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or other		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF DEATH BUT NOT RELATED TO THE TERM	INIAI DISEASE OR CON	DUTION CAVEN IN 1949	
ony injury	Z C				Re-70 Eur		- 5 TO 12 S
8 shows ony injur	SILL S	90 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	200. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED ISES OF DEATH?
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of Healt		22a I certify that (I) (this hospital sow the deceosed alive on above, (I) (we) (did) (did not) v	11-21 19	87, and that in (my) (our) opinion of	death occurred on the d	ate and hour and fram	that (I) (we) last the causes stated
VT: If Item		226 SIGNATURE	Kleiman		MEDICAL STA DIRECTOR PHYSIC	FF	1 /23/8/
with the Sto		22d PHYSICIAN'S NAME (TYPE OR PR	R-KLEIMI	120 ADDRESS 3 8 03 E	DMONDS	on Avi	t-
s < 23	Z	IRIAL, CREMATION, REMOVAL	23b. DATE //-25-8/ 23c. N	OUD ON PARK	23d. LOCATION BOTOWN	COUNTY	19D.
7/77	1	PARLEY FA	6601 FRE	D. AUE. "NO"	EREC'D, BY REGISTRAR	256 REGISTRAR'S SIGI	NATURE

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 26 HOUR TYPE OR PRINTS ESTI-DEATH MATED William 6 8 19 Rogall 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF LINDER 24 HRS 2d HOUR DATE 55 VPC 9:05 Aug. 8, PRONOUNCED Male White DEAD 81 6 19 P.M 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Baltimore City, WIDOWED | DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH South Baltimore Gen'l. Hosp.-DOA Machinist-Carton Co. Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 3902 Pascal Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Van Meter MIDDLE MIDDLE Blanche Rogall 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 215-22-0333 Mrs. Margaret L. Rogall (Same as 13e. EXAMINER ALONG WI RIAL - TRANSIT PERMIL F D MENTAL HYGIENE, DIN ON, OR REMOVAL. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, If any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEN URIAL, CREMATION, C lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, YES XX NO | 3 SHOULD BE L 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 21e PLACE OF INJURY JATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDIC...
EXECUTE THE CERTIFIC...
PAGE 4 SHOULD BE FORW.
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Inspection and in my apinian Natural causes XX Undetermined manner death resulted fram: Accident TITLE (SPECIFY) ACTUAL DATE 11-17-81 Assistant SIGNATURE EXAMINER'S NAME III Penn Street Virginia L. Dolan, M.D. (TYPE OR PRINT) 134 NAME OF CEMETERY OR CREMATORY
OF Len Haven Mem.] 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE GTEHOWBurnie Haven Mem. Pk. 24. FUNERAL DIRECTOR C **DHMH-17** (VR A15 ME (5))

15M 2/80

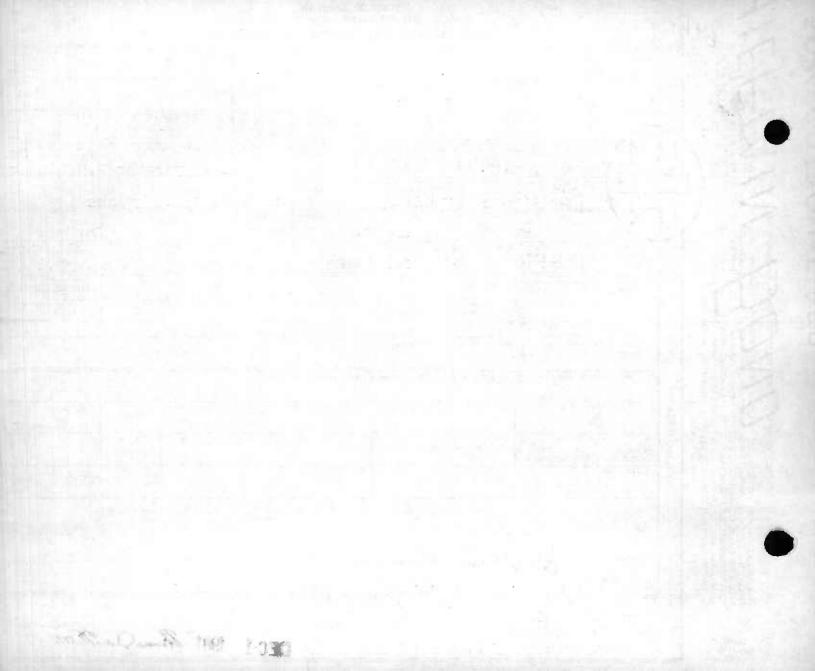


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-OF ROHRMAN, JR. **HFRMAN** W. DEATH MATED 28 4 RACE S DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED white male 12 13 30 DEAD 50 YRS RIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City U.S.A. Maryland DIVORCED & 120. USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Balto. City Hospital (DOA) Baltimore Crane Operator R.E.Linder 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Dundalk 1818 Belle Avenue NO V 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Rohrman, Sr. Herman Anita Gardner 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 1818 Belle Ave. (IF YES GIVE WAR OR DATES) 212-26-5015 Yes Korea Stephen J. Rohrman Balto., MD. 21222 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive & arteriosclerotic cardiovascular disease MENTAL HYGIENI NO, OR REMOVAL. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? BGR YES NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY TATHOME. 214 INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy PAGE 4 SHOULD BE TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAI death resulted fram-Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11-29-81 SIGNATURE FXAMINER'S NAME 111 Penn St. Dixon, M.D. (TYPE OR PRINT) 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY STATE 12/2/1981 Holly Hill White Marsh Maryland BP 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR POPEGISTRAR'S SIGNAPHE **DHMH-17** Wise Avenue Dundalk, MD.21222 (VR A15 ME (5))

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STATE OF MARYLAND



STATE OF MARYLAND

BELIEVAL II LAKEME CONTACT DATES NOS DE Harden of the state of the stat Landhald in all alise

Walter Brooks Bradley Inc., Dundalk Md

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

George J.

- STATE

REGISTRAR

Md. 250 DATE REC'D. BY REGISTRAR 15 B GISTRAR'S SIGNATURE NOV

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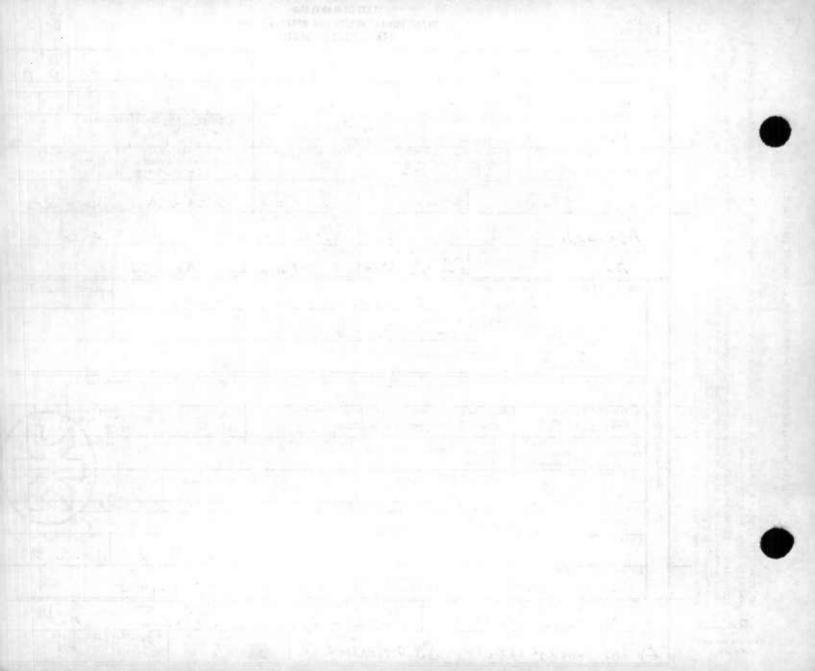
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Poge direct hours	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	7 11 29	9_BALTIMORE CITY O	R COUNTY OF DEATH	_
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ampletely and 2 sh	14 F	ALEXANDER ALEXANDER	MIDDLE LAST	15 MOTHER'S MAIDEN NA	BIDDIE	6ail	
on ond co		WAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (IF YES, GI	ARMED FORCES? 166 SOCIAL SEC 176 WAR OR DATES) 220 - 22	7-3844 TAM	. L., Rec	SS CORDI	
uires that the death ce igned by the attending en please remave carb burial, cremation, ar ri ury, ar ather traumatic	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO	blastoma.	AINAL DISEASE OR CONI	DITION GIVEN IN PART 1(0)	
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SICIAN: Thing physicic certificate urial-transit hental Hygie than 18 sha		2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	BEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	H
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OR OR		sow the deceased alive a	pital) attended the deceased from 19. not) view the body after death.	ond that in (my) (our) opinion	, , ,	the ond hour and from the couses state.	,
OR he he he hoche loche Dep		226. SIGNATURE	Jolom-	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF		1
TO HOSPITAL etained by 11 TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE	solomon	220. ADDRESS	SITT Has	=priz1	
BP		BURIAL, CREMATION, REMOVA	- 11/00/00	MORELAND MEMORIAL	23d. LOCATION CITY OR 10	LFO COUNTY ML STATE	E
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR	I chanel NXX	DO HARTORD Rd 250 DAT	EREC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE	

STATE OF MARYLAND



	S	T	A	TE	0	M	AR	YL	AND	
ACA	IT	0	E	ur	AI	TH	ANI	n	BEENIS	,

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	FICATE OF DEATH	REG. N	Э.	1 0	the left
	CEASED NAME FIRST Charl	es William	Ros	SS	2a. DATE OF DEATH	MONTH DAY 11 19		2b HOUR
3 SE	Χ	RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
1	Male	black	Mant	16 16	65	YRS	NTHS. DAYS	HOURS MIN.
	RTHPLACE ISTATE OR FOREIGN 7 COUNTRY Md	b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF		MD
В	altimore		icke	er Street	12a USUAL OCCUPATI		126 KIND C INDUSTRY	OF BUSINESS OR
13a :	AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT Md		N	13d. INSIDE CITY LIMITS? YES 🔭 NO 🗌	13e STREET ADDRESS	Stric	ker S	St
14 F/	ATHER'S NAME	IDDLE LAST		IS MOTHER'S MAIDEN NA	WE	-	LAS	ST .
	William	Ross					ming	5
	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) TIE YES GIVE	WAR OR DATES) 218-07-6		Ida Mae Ro	ss 1427 Ri		yenu	е
	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) HYPER DUE TO, OR AS A CONSEQUE (c)	NCE OF	dial Inf 151ve Card				minutes Syears
NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 10	0
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	NG CAUSES	
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
	22a.1 certify that (1) (this hospital sow the deceased alive on above (1) we) (did (did not)	ottended the deceosed from 19 8		nd that in (Our) opinion	deoth occurred on the do	te ond hour or		that (I) (we) lost couses stated
	Samuel F.	Owings,	6.0	ATTENDING PHYSICIAN [MEDICAL STAF		22c. DATE	SIGNED R3-81
	Bamuel R. C		M. D	CONSTANT Ca	RE Commun	city Hes	21th Co	enter

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Hem 21 is

230. BURIAL, CREMATION, REMOVAL ISPECIF Burial 11/27/81

23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.

STATE MD

24. FUNERAL DIRECTOR

FOR

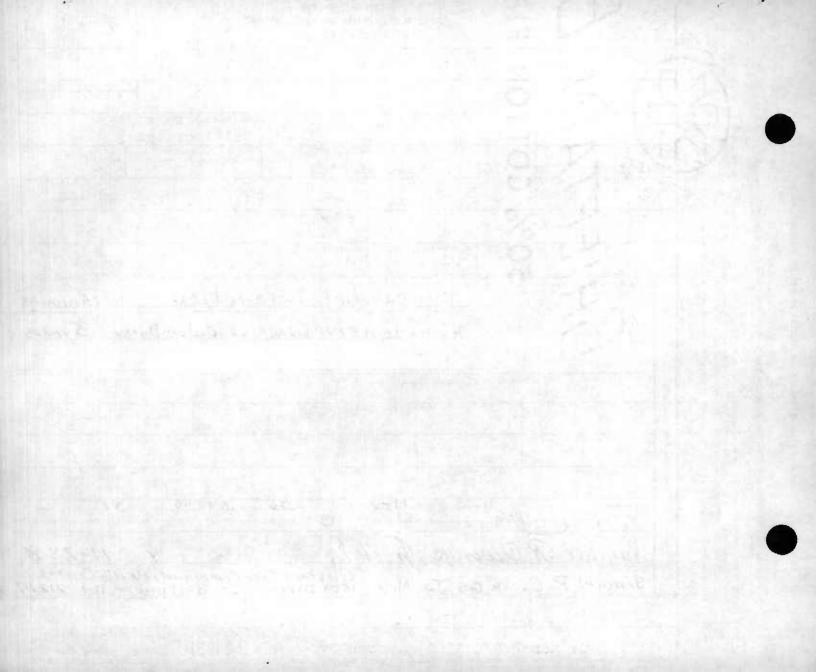
William C. March F/H 1101 E. North Ave

23b. DATE

ATORY 23d LOCATION COUNTY Baltimore

25d. DATE REC'D. BY REGISTRAR 25b REGISTRARS SIGNATURE

NOV 24 1981



DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND
CERTIFICATE OF DEATH
LAST / 20 DA

	- STATE REGISTRAR	DEFARI		ICATE OF DEATH	REG. N	ά::• Ο.		(and (
	1. DECEASED NAME (TYPE OR PRINT)	MIDDLE		Roy	11/29	MONTH DAY	YEAR	1/550 M
A.	3. SEX	1 RACE B	S. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF U	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
71	Fa. BIRTHPLACE (STATE OR FOREIGN COUNTRY) BOUTTMOTH, Md,	16. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY O		DEATH	MD
	Baltima ore	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACULITY, GIVE STREET VOM Y L DOCTOR	Men (or other institution	12a USUAL OCCUPATI		12b. KIND O INDUSTRY	OF BUSINESS OR
-	USUAL RESIDENCE (IF NURSING HOME OI 130. STATE) 135 COU			YES X NO		sor Av	۲1	
-	14. FATHER'S NAME FIRST C	MIDDLE ROLLAST ST	r,	Charlotte	Henry MIDDLE	1.0	LAS	ıī
	160 WAS DECEASED EVER IN U.S. AF	166 SOLIAL SECTION OF THE SOLIAL SECTION OF	355 355	Virginia M	Thom as 30	29 Win	dsor	Ave.
	PART I. DE ATH WAS CAUSE	nly one couse per line for (a), (b), or ED BY: TE CAUSE (a)	nd (c).)				APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	DCa	reinoma o	6 He Le	ina	3 4/81	
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU			300			
		CONDITIONS CONTRIBUTING TO						
	190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. Condition for which	- OPERATIO		28a AUTOPSY? YES NO	206 IF YES, W IN CERTIFYIN YES	IG CAUSES	OF DEATH?
	OR COLUMN THE COLUMN	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	ły in item 18, Part 1	ORPART 2)	
	OF CONTROL IN OTHER MEDICAL EXAMINE IF EITHER, NOTHER MEDICAL EXAMINE IN OTHER MEDICAL EXAMINE WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC }	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	sow the deceased alive or	ottended the deceased from 19	81.0	nd that in (my) (aux) apinion d	, to	ote and hour an		that (I) (we) lost couses stated
	22b. SIGNATURE HW Dees	demies	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN D	22c. DATE	30/8/
	22d, PHYSICIAN'S NAME (TYPE	RMIER		Dent for	rily Me.	licin	e U	of Mo
	230. BURIAL, CREMATION, REMOVAL Cremation			EMETERY OR CREMATORY View Mem Pk	Baltime	ore, M	aryla	nd STATE

Cremation

aw Funeral Home 4611 Park Heights Ave.

in the second se

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONTH 26 HOUR November 8, 1981 8:40 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 74 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120 USUAL OCCUPATION 176. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY TEACHER PUBLIC SCHOOL 13e. STREET ADDRESS 700 CAMBERLEY CIR. TOWSON, MD. MIDDLE GIFFORD ADDRESS FIRST NATL BANK OF MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEEK 8 months 2 years

> 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [

> > COUNTY

STATE

November

and that in (mx) (aur) opinion death occurred on the date and hour and from the causes stated

231 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN

LORRAINE PARK MAUS.

STATE OF MARYLAND

BALTIMORE MD. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

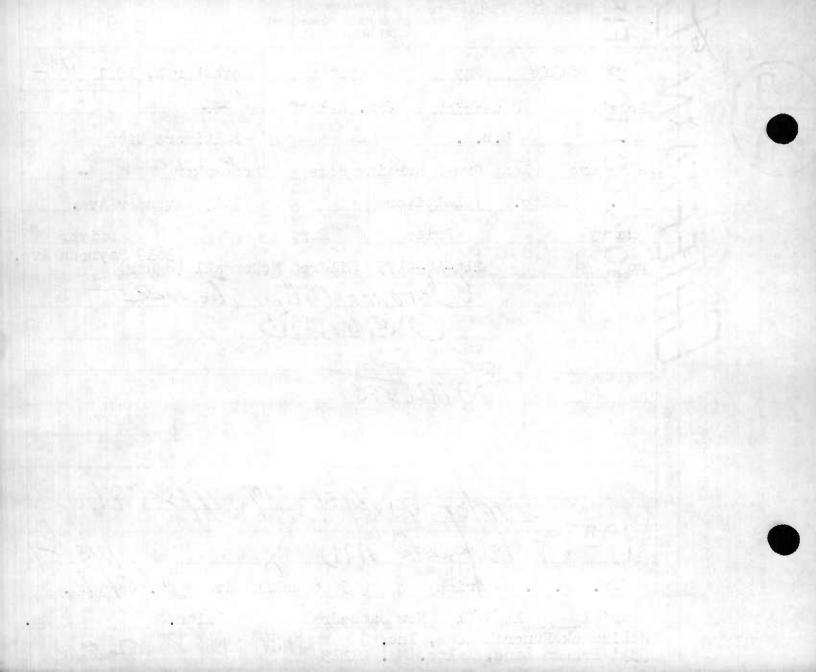
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DHMH - 16 50M 1/81 (VRA 15, 4)

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24 FUNERAL DIRECTOR

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

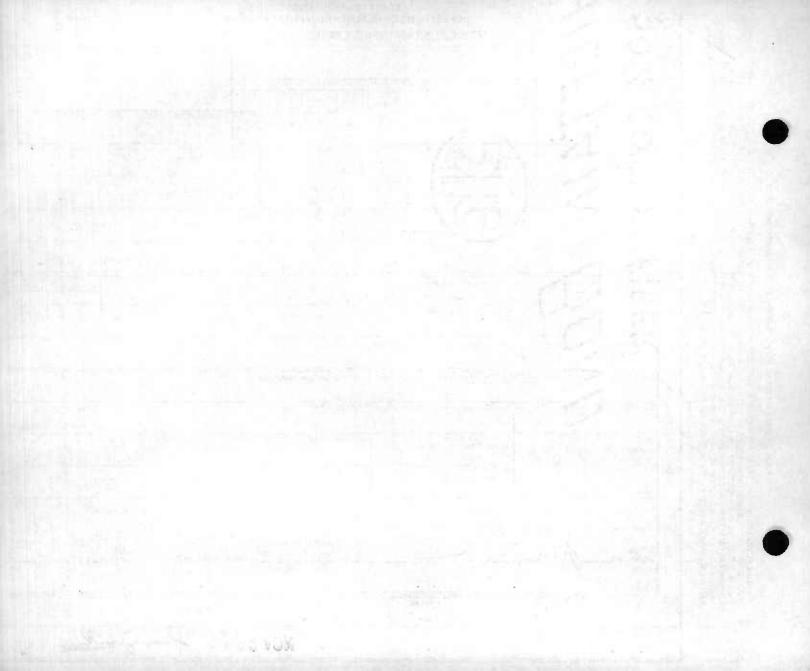
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF JACK 25 10 81 RUFFIN DEATH MATED 4. RACE 1. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 11:55 2c DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 1081 20 40 yes 41 DEAD male nearo D M 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA S.C. WIDOWED DIVORCED Baltimore City CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Union Memorial Hospital Baltimore UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 4016 Garrison Blvd. 34 STATE 136 COUNTY 13d. INSIDE CITY LIMITS? Baltimore YEXX MD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Burgess Evelyn Wilken McCray 7. INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES Evelyn Earl 4016 Garrison Blvd. N/A No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Seizure disorder DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) E 3 SHOULD BE USED.

DEPARTMENT OF HE,

PRIOR TO BURIAL. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NOT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DÉATH, WITH THE ST BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAM Ann M. Dixon, M.D. 111 Penn St. TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY MIDATE Baltimore Burial Mt. Auburn Cem. DATE REC'D. BY REGISTRAR TO REGISTRAS'S SIGNATURE 24. FUNERAL DIRECTOR DHMH-17 ATTO E. North Ave. C. March F/H (VR A15 ME (5)

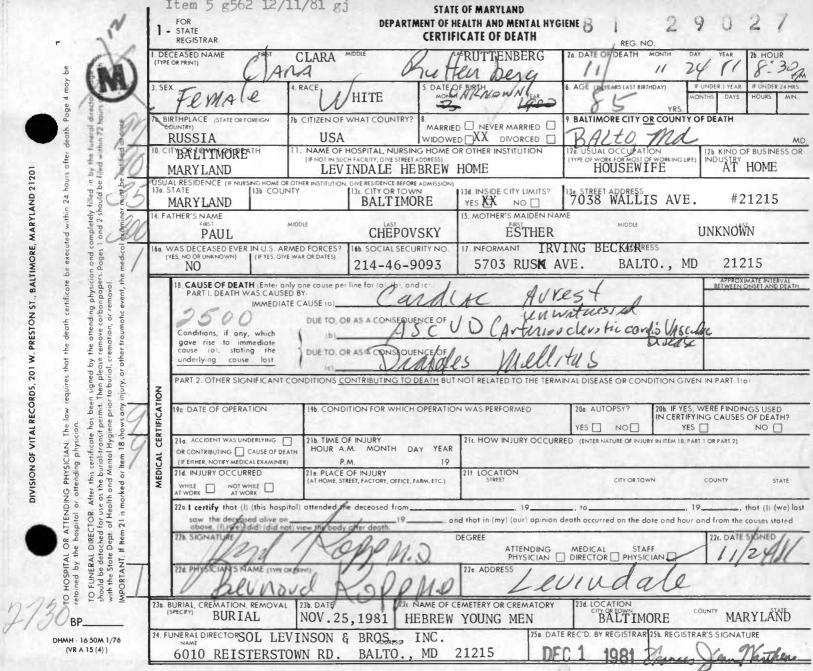
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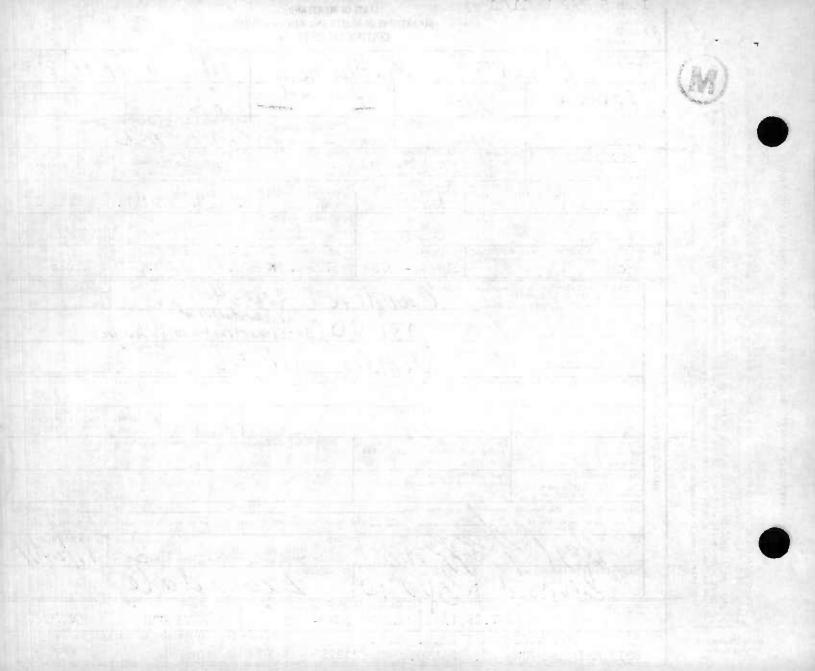


STATE OF MARYLAND

Item 7a g561 12/1/81 g:

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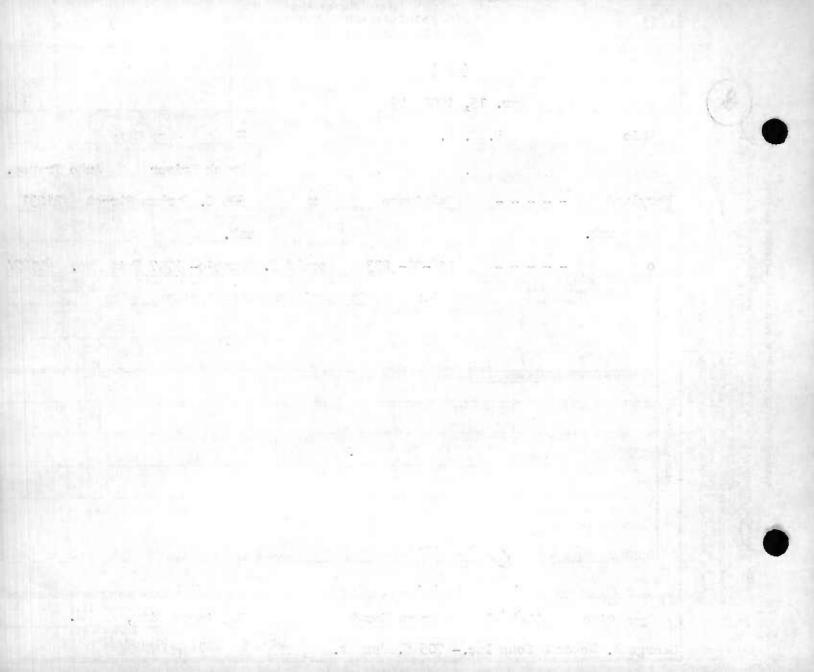




/	1	FOR *		STA DEPARTMENT OF		MAKYLAND H AND MENTAL I	HYGIENE	9 9	. 2	8
	1-	REGISTRAR	MEI	DICAL EXAMIN	IER'S	CERTIFICATE C	OF DEATH REG.	NO.	U dia	9
		CEASED NAME FI	IRST	MIDDLE		LAST	20. DATE KNOWN OF ESTI-	Ly	AY YEAR	26 HOUR
E SE			VALTER		ZAKO		DEATH MATED	△ 11-10		м
STR	3. SEX		5. DATE OF BIRTH MONTH DAY 1 21	YEAR 19 6. AGE (IN YEAR LAST BIRTHE	MON (YA	NDER 1 YR. IF UNDER	MIN. PRONOUNCED	11-10	AY YEAR	24 HOUR 3:35 PM
	_	nale white	7b. CITIZEN OF WE		RS.		DEAD 9 BALTIMORE CITY			Рм
25	FC	REIGN COUNTRY) Maryland		SA	WIDOV	RIED NEVER MARR	RIED KI	-	JF DEATH	
2	10. C	TY OR TOWN OF DEATH		PITAL, NURSING HOM			1124 USUAL OCCUPATION (KIND OF BU	SINESS
1		Baltimore	m 1 110	CILITY, GIVE STREET ADDRESS) e City Hosp	ital		FOR MOST OF WORKING LIFE) House-Keeper	В	alto, C:	
	USUA Ide S	L RESIDENCE (IF IN NURSING				13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	12		110
5		aryland	200111	Baltimo	re	YES NO	015 - 1	et		
~	5	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
L		oseph		Ruzakowsk:		Bernice			kieczy	
	16a. V		.S. ARMED FORCES? ES, GIVE WAR OR DATES)	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT	ADDRE			
		no		1		Mary Czy	ryca 315 Imla	Street		
		18 CAUSE OF DEATH (En	nter only one couse per line AUSED BY:						APPROXIMATE BETWEEN ONSET	AND DEATH
VAL		11 5 0 0 0	TED ITTE CTIOGE (O)			cardiovasci	ular disease			
OMENTAL HYGIENE, DI ON, OR REMOVAL		Conditions, if ony,		AS A CONSEQUENCE	OF			100		
ITAL R RE	-	gove rise to imme	ediote (b)							
al, cremation, o		couse (a) stating the solution lying couse lost.	DUE TO, OR	AS A CONSEQUENCE	OF					
		DARK T OTHER CACALIFICANT COME	(c)							
	×	PART Z OTHER SIGNIFICANT CONG	DITIONS CONTRIBUTING TO DEATH 1	BUT NOT RELATED TO THE TERM	AINAL OISEAS	SE OR CONDITION GIVEN IN PA	ART 1 (a)			
_	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION	VAS PERFORMED?		T:	20 AUTOPSY?	
2	IFIC								YES 🗆	NO .
5	CERT	ZIG EXTERNAL CAUSE W.			21c H	IOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)		XX
2		UNDERLYING OR CONTRIBUTING CAUS		MONTH DAY YEA	K					
	MEDICAL	21d. INJURY OCCURRED	71e PLACE C	OF INJURY (AT HOME,		CATION				
	¥	WHILE D NOT WHILE AT WORK	LE STREET, FACT	ORY, FARM, ETC.)		STREET	CITY OR TOWN	COUNTY		STATE
			charge of the remains desc	cribed obove held as	Autor	osy , Inspectio	on XX Inquiry	and in my opinio		
		death resulted from:	Notural couses XX		icide _	Homicide .	Undetermined monner	and in my opinio	P1.5	
		b.	The state of the s	11)	neide L	TITLE (SPECIFY)	Sudetermined monner [11		
		ACTUAL SIGNATURE	Wolferte M	JUNAN C	4.	A.D. Assistan	MEDICAL EXAMINER	DATE SIGNED_	11-11-8	31
~		1		1		n.o. Maa ja jell	MEDICAL EXAMINER	21GNED _		
2		EXAMINER'S NAME (TYPE OR PRINT)	rearita A K	orall M.D.		ADDRESS111	Penn Street			3 334
_	23a.B	URIAL CREMATION REMO	VAL 23b. DATE	23c. NAME OF CE	METERY C		23d. LOCATION CITY OR TOWN			
	{:	Burial	11/16/81	Holy	Rosa	ry	Baltimore	COUNTY	M - MC	
	24. F	JNERAL DIRECTOR				25a. DATE	REC'D. BY REGISTRAR RE	GI	CATURE	
		Walter Dab	rowski 10	05 Dundalk	Aven	ue NOV	17 1981 from	0.0		

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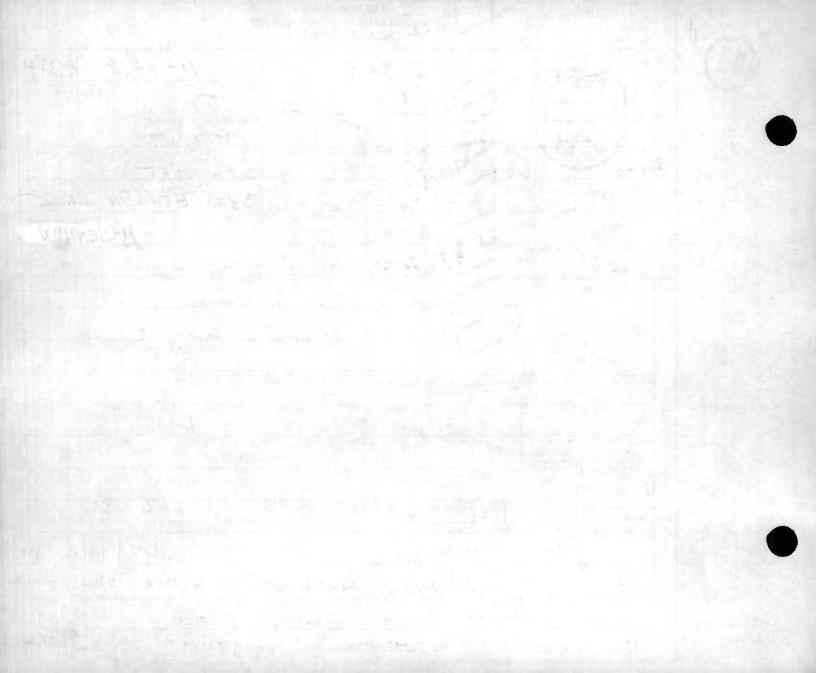
		FOR		STATE OF	MARYLAND TH AND MENTAL H	IYGIENE E O	0 0 0 0					
		STATE REGISTRAR	MED	CAL EXAMINER'S	CERTIFICATE	F DEATH REG. NO.	I is too I					
		CEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN MONTH	DAY YEAR 2b. HOUR					
8 2 5 2 F	(TYP	E OR PRINT) WALT	FR (unk) R	RYAN	OF ESTI-	29 1981 M					
36#8#	3. SEX		5. DATE OF BIRTH	6 AGE (IN YEARS IF	UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MONTH	DAY YEAR 2d. HOUR					
		nale white	Apr. 15,	1902 79 YRS.	NTHS DAYS HOURS	MIN. PRONOUNCED DEAD 11	29 19 81 9 1 1					
MARKET !		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH	AT COUNTRY?	RRIED NEVER MARR	IED BALTIMORE CITY OR COUN	NTY OF DEATH					
AND		Ohio	U. S.		WED DIVORC							
SHERE S	D CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME, OR O	THER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY					
200 8 8 8		Baltimore	509 S.	Durham St.		Truck Driver	Auto Transp.					
AND 3 TO RETAIN PECOND B	13a. S	RESIDENCE (IF IN NURSING HOME TATE 13b. COU		136. CITY OR TOWN Baltimore	13d. INSIDE CITY EIMITS? YES NO	13. STREET ADDRESS 509 S. Durham Str	reet #21231					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER CEATH IF RITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1.2, RED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PINA 22. 3 SHOULD BE USED AS A BURIAL-IRANIT FRAMIT PAGES 1 WID 25 H E DEPARTMENT OF HEATH AND MENTAL HYGIENE, DIVISION DE VITAL 501 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		THER'S NAME		Daromore	15. MOTHER'S MAID		1600 1/2/2/1					
A WENT		rirst unk.	MIDDLE	LAST	FIRST	unk.	LAST					
N S S S A S	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS						
AFT AGE VISIO		To		216-03-9233	Donald F.	Iwancio- 3707 Fait	Avo. #21224					
WITH WITH DAG		18. CAUSE OF DEATH (Enter of	nly ane cause per line	far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
ON NO.		PARTI DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease										
25 E E E E E E E E E E E E E E E E E E E		4292 (DUE TO, OR AS A CONSEQUENCE OF										
ER JERNSI		Canditians, if any, which										
NIA TRA		gave rise to immediat cause (a) stating the under	< ' ' ' -	AS A CONSEQUENCE OF								
EXECUTED NG" IN PROCEED OF THE CALL EXAM. BURIAL - 1 AND MEI WATION, C		lying cause last.										
NO NE E		PART 2 OTHER SIGHIFICANT CONDITION										
CORNAMINATION THE WORD PENDING IN TENDING WITH FORM OR. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT FERMIT. PAGES IN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION DIVID, 21201 PRIOR TO BORNAL, CREMATION, OR REMOVAL.	z	TAKE I OTHER SIGNIFICANT CONDITION										
MEDI MEDI MEDI MEDI MEDI MEDI MEDI MEDI	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?										
D HE SEE	5	THE CONDITION TO WHICH OF EXAMON THE STEEL OWNED:										
WORD BE US	E	21a EXTERNAL CAUSE WAS	21b. TIME OF	INITIDY 1916	HOW MILLEY OCCUPAN	D LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	YES NO X					
##8 <u>#</u> 6	10	UNDERLYING OR	HOUR A.M.	MONTH DAY YEAR	NOW 114JORT OCCURRE	D (ENTER NATURE OF INJURY IN TEM IS PART I OR P	'ARI 2)					
P 5 5 5 5	MEDICAL	CONTRIBUTING CAUSE OF	P.M.	19								
WKIIIN VARDED AGE 3 S ATE DEF	9	21d INJURY OCCURRED WHILE D NOT WHILE		OF INJURY (AT HOME, 211. L DRY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	OUNTY STATE					
A A G		AT WORK AT WORK										
ATE, WR DRWARI R: PAGE IE STATE ID, 2120		22a. Leertify that I taak charge of the remains described above, held an Autopsy , Inspection . Inquiry , and in my apinion										
BE FE FE YEAR		death resulted fram: Nat	ural causes X.	Accident . Suicide	Hamicide .	Undetermined manner						
EXAMINER CERTIFICATION ULD BE FOIL DIRECTOR WITH THE MARYLAND		Λ	0	7	TITLE (SPECIFY)							
A. A.		ACTUAL SIGNATURE	WWW	40	1		NED 11-29-81					
SEA SEA		1()					VED					
FE SECTION OF THE SEC	San	(TYPE OR PRINT)	n M. Dixon	, M.D.	_ADDRESS1	11 Penn St.						
EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BATTMORE, MARYLAND, 2	23a, B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY		23d. LOCATION						
	(5	Cremation	12/3/81	Green Mount		Baltimore City.	Md state					
	24. FI	JNERAL DIRECTOR	12/0/01	dr con nount	250. DAJE							
DHMH - 17 VR A15 ME (5))	Co	orge A. Weber &	Song The	- 705 S. Ann	111	64 1981 Manue	and the second					
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

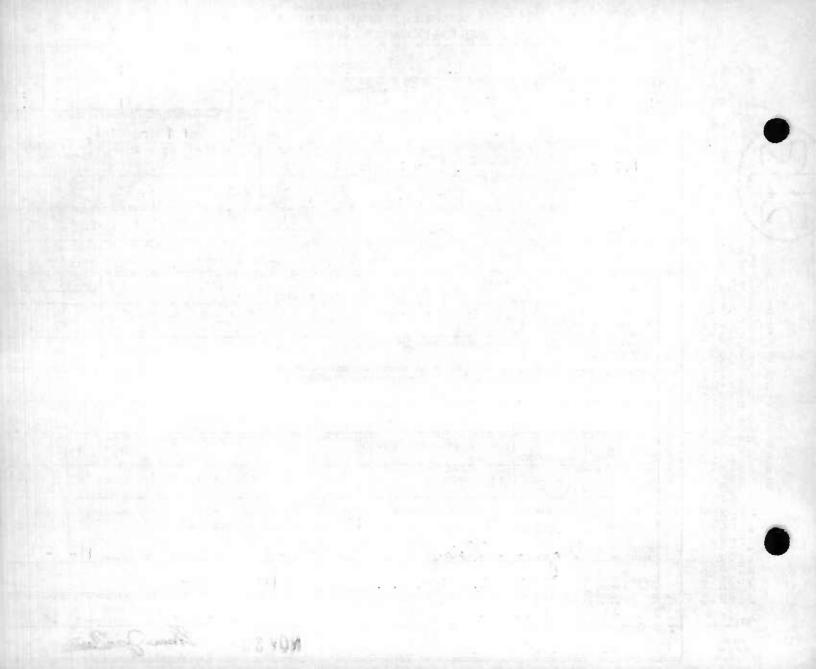
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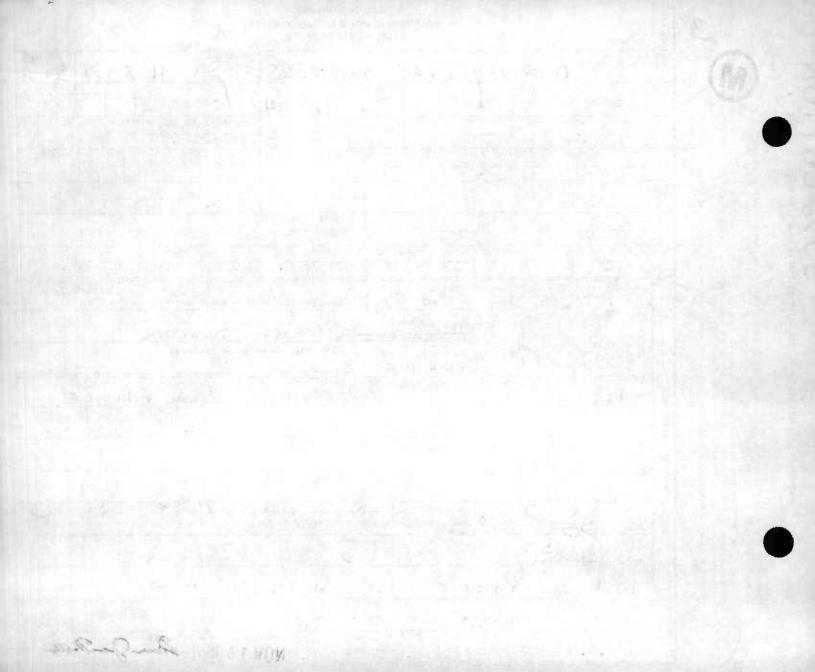


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWNXX 7b. HOUR (TYPE OR PRINT) OF ESTI-David PLEASE ECTOR. R FILES. HOURS STREET, Sanchez DEATH MATED 27 1981 4. RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS. 2d HOUR DATE 7:50 PRONOUNCED 21, 1981 5 DEAD Male Black YRS 198 a. M To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Baltimore City, USA Maryland WIDOWED DIVORCED III. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Baltimore . Lanvale Street RD "PENDING" IN PENCIL IN ITEM IB. GIVE PAGES 1, 2, AND 3TO HIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P. USED AS BURIAL TRANSIT PERMIT. PAGES I AND 2 SHOULD BE OF HEAITH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS. JRIAL, CREMATION, OR REMOVAL. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 2220 E. Lanvale Street Baltimore Maryland YES X NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Everette Ernestine Sanchez Benjamin 16a. WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 144-72-2078 Joyce Sanchez 2220 E. Lanvale Street No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, If any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULI EXECUTE THE CERTIFICATE, WRITING THE WORD."PAGE 4 SHOULD BE FORWARDED TO THE CHIEF AT THE WIND THE CHIEF AFTER DEATH WITH THE STATE DEPARTMENT OF HE BAILTIMORE, MARYLAND, 21201 PRIỆR JO BURIAL, YES XX NO. 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 210. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM ETC. I STREET CITY OR TOWN COUNTY STATE Autopsy XX 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 11-27-81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street (TYPE OR PRINT) 23d LOCATION 23g BURIAL, CREMATION, REMOVAL 23b. DATE 13c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Westview Mem. Park Catonsville. Burial 11/30/81 NOV 3 0 198 REGISTRAR 186 REGISTRA 24 FUNERAL DIRECTOR **DHMH-17** Wm. C. March F.H./1101 E. North Avenue (VR A15 ME (5) 15M 2/80





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PURECT PU	3. SEX	ile	Black	5. DATE OF BIRTH	903	6. AGE (IN YE) LAST BIRTHD	LY) MONTH		HOURS /	MIN PRO	DATE NOUNCED DEAD	I I	1619		1:45A
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WITH FORM PM	16s. V	VAS DECEASED ES, NO, OR UNKNOV NO	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		CIAL SECURITY -12-27		II. INFORM		aunde	rs 2224		olķ St	reet	
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EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STA		220. I certify	/	e of the remains described causes	ribed obo		Autop	y X,	Inspection	Undetermin	quiry ,	ond in my o	pinion		
E CERTIFICATION BOULD BUILD BU		ACTUAL SIGNATURE_		Sulati	Su	w. X		тпсе (SP D.Deput	ECIFY)			DATE SIGN		/16/	181
CUTE THE SHAPE SHA	-	EXAMINER'S N	JAME TH	nomas D. S	mith	, M.D.		ADDRESS		enn S		to., M		7 107	
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B		ION, REMOVAL 2	3b. DATE	23c. i	NAME OF CEA			RY	23d. LOCAT	ION	col	YTAU	STAT	
-BP		Bur		11/21/83	L M	it Aubu	rn Ce			23d LOCAT CITY OR TO Balt				MC	1
DHMH-17		UNERAL DIRECT		ADDRESS					DATE RE	1 8 19	NISTRAR 2	REGISTRAD'S	SIGNATUR	E	
(VR A) 5 ME (5)) 15M 2/80	W:	illiam (C. March	F/H 1101	E. N	orth A	venue	2	TOT	1012	01 7.	0	A. A.	10	

1991 July 1991

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWNXX 26 HOUR (TYPE OR PRINT) OF ESTI-TO THE FUNERAL DIRECTOR.

V PAGE 5 FOR YOU'R FILES.

BE FILED, WITHIN 72 HOURS

DS, 201 W, PRESTON STREET, Charles Savage 1981 6. AGE (IN YEARS | IF UNDER 1 YR 2d HOUP IF UNDER 24 HRS 2c. DATE 2:27 a. M PRONOUNCED Apr. 14, 1964 Male White 1981 DEAD 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH Ja. BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland USA Baltimore City DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION I TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Farmer University Hospital -Baltimore LHEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PACED AS A BURIAL-TRANSIT PERMIT, PAGES I AND 2 SHOULD BE FOR HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, SIRIAL, CREMATION, OR REMOVAL. USUAL RESIDENCE HEIN NOTES COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Carroll 2504 Gillis Rd. Mt.Airv NO G 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE S. Donald Savage Patricia Wright 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS Donald S. Savage, Item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Blunt injury to head with transection of cervical spinal cord gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF 1 TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIQR TO BURILI, YES XX NO [] 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING XXOR HOUR A.M. CONTRIBUTING CAUSE OF DEATH 1:04 KX YEAR driver in auto/auto impact 211 LOCATION 21d. INJURY OCCURRED 218 PLACE OF INJURY NOT WHILE XX highway Rt.26-Frederick-Carroll Co. line, Frederick AT WORK Maryland Autopsy XX 22¢ I certify that I taak charge of the remains described above, held an Accident XX Undetermined manner TITLE (SPECIFY) 11-8-81 Assistant EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY Nov. 11, 1981 Burial Monocacy Montgomery M Beallsville. BP 24. FUNERAL DIRECTOR MAME Olin L. Molesworth; P.A., Damascus, Md. **DHMH-17** (VR A15 ME (5) 15M 2/80

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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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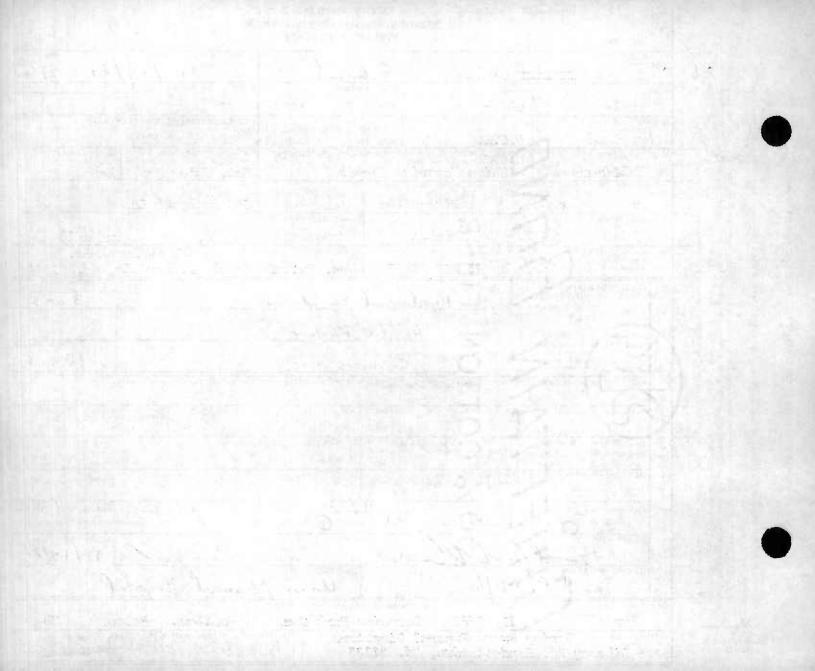
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	10 C	ITY OR TOWN OF DEAT	гн 11	. NAME OF H	OSPITAL, NURSI	NG HOME C	OR OTHER INS	TITUTION	12a USUAL OC	CCUPATION	7	12b. KIND OI	F BUSINES	
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	1	sow the deceased above, (I) (ye) (did	olive on	10/31/8	19_	, or	nd that in (my)	(our) opinion d	eoth occurred	an the dote	ond hour a		1 1	
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		BURIAL, CREMATION, R		23b DATE	230	NAME OF C	EMETERY OR		23d LOCATI	ION				
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2a. DATE OF DEATH DAY 2b. HOUR (TYPE OR PRINT) reraldi :00 AM 3. SEX 4 RACE DATE OF BIRTH 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR MONTH YEAR DAYS HOURS WHITE 931 FEB BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED LI NEVER MARRIED DIVORCED D WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MONTEBELLO MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS SARGEANT MD. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME UABEL 17 INFORMANT 105 DOGWOODDREST RAIL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Pages (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ELWOOD V. SCHEMM APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line loga), (b), and (c) PART I. DEATH WAS CAUSED BY neumonia IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION nemia evere 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? cerebra NO YES T NO [ial-transit IDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREE1 CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF be ou DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRIM 22e ADDRESS should be with the 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY Cedar Hill Cemeter Buria] Brookl 24. FUNERAL DIRECTOR Baltimore, Md DDRESS 21225 DHMH-16 50M 7/77 (VRA 15(4)) George J. Gonce 4001 Ritchie Hgwy

Geraldine Schemm Continue FEMALE WHITE PEB 17 1131 50 MARYLAND USA. SALTMORE SETTINGRE SETTINGRE BACTIMURE MONTEDECICO CENTEX MD. BALTO, X 1155 SARRORUT STO DE CHARLES R. CUMBERHAW ROSE C. UMBEL NO 1 213-28 YEST ELWOOD V. SCHEMAI CROWNSHILL terior tylenor transmout the tractor it (2) if the factor

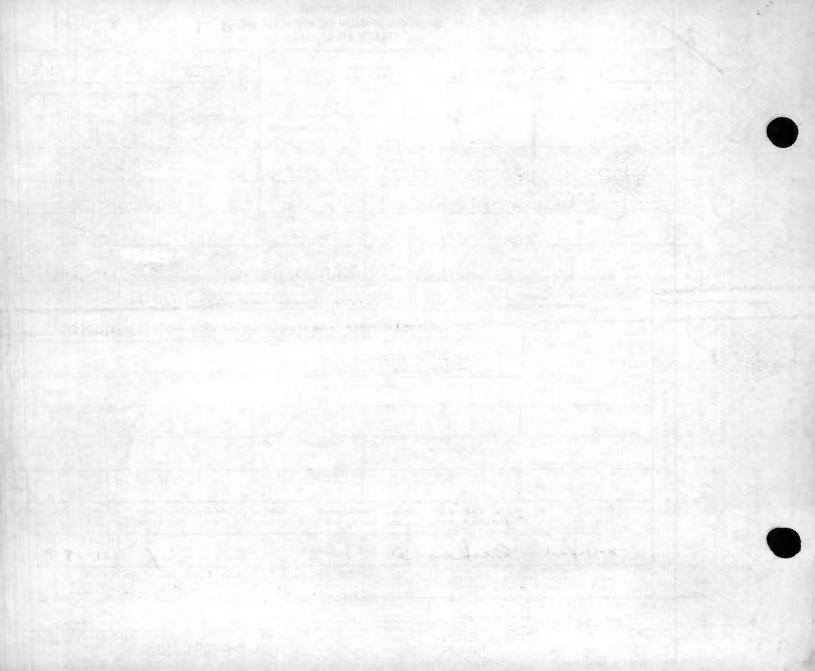
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Sw L	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	201 IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
or Item 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT 1 OR PART 2)	
rked or li	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
21 is mo		220.1 certify that (1) this hosp saw the deceased alive ar abave, (1) (we) (dia) (did no			nd that in (my) (our) opinion	death occurred an the d		and Irom the	that (1) (we) las causes stated
with the State Dept. of He.		22b. SIGNATURE	C. lift	a ord	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN (22c. DATE	SIGNED 19/8/
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\$ ≤		BURIAL, CREMATION, REMOVAL (SPECIEY) Burial	11/21/81	Lorrain	e Park Cem.	23d LOCATION CITY OF JOWN Wood Lawn	ı Bal	to.	MD STATE
80	24 F	uneral director Lorin 28 Liberty Rd.	g Byers Funer Randallstown,	al Direc Md. 211	tors NC	V 20 1981	296 EGISTR	SIGNAT	



IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must begratified

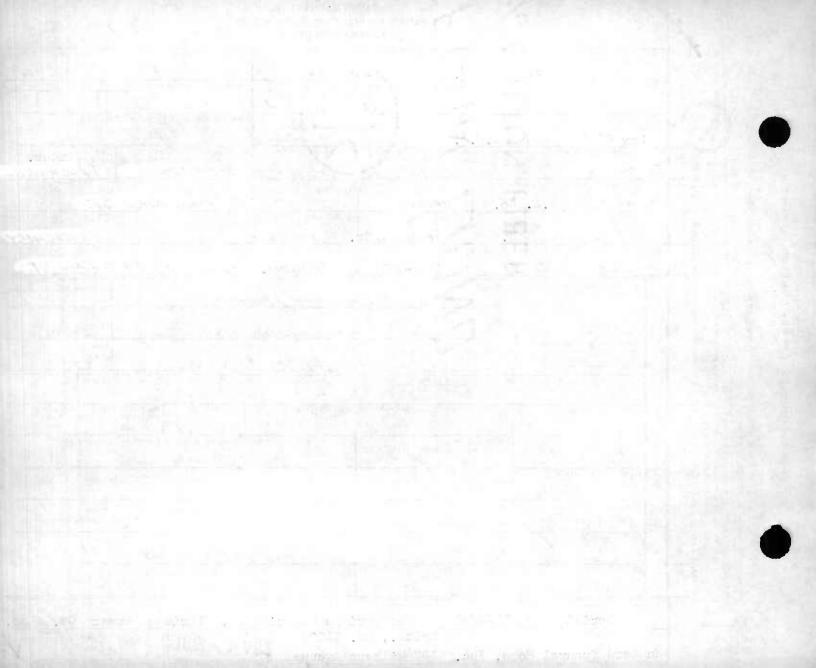
3	1.	FOR STATE REGISTRAR		DEPARTM	MENT OF H	OF MARYLAI EALTH AND M ICATE OF DI	ENTAL HYG	IENE 8 REG.	2	9 0	42
		CEASED NAME FIRST		AIDDLE		AST		20. DATE OF DEATH		DAY YEAR	26 HOUR
		MARI	E ANI	NA	SCHN	IID		NOVEMBER	18, 19	981	6:05 A
	3 SE	X	4 RACE	PLE	5. DATE C		YEAR	6. AGE (IN YEARS LAST)	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1		emale	White	e	10	10	1905	76	YRS	MONTHS	HOURS MIN
1	Jo. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	NEVER M.	ARRIED T	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
77		ryland	U.S.		WIDOWE	DIVO	ORCED []	Baltimo	re Ci	ity	MD.
35		Itimore	(IF NOT IN SUCH	OSPITAL, NURSIN HFACILITY, GIVE STREET A N Hospit	ADDRESS]			12a USUAL OCCUPA (TYPE OF WORK FOR MOS' Housewi	OF WORKING LI	126. KIND O INDUSTRY	F BUSINESS OR
	USU,	AL RESIDENCE (IF NURSING HOME OF TATE	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						
5			imore	Dundall		13d INSIDE CIT	Y LIMITS?	7302 B		rook C	ourt
		THER'S NAME				15. MOTHER'S	MAIDEN NAM	ΛE	D dillo:	LOOK C	Jule
30	1		ohn i	Affayro	יווע	Ani	RST T	E.		Fous	ok
		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMAN		ADD	RES 2613		mas Ave
1		(IF YES, GI	/E WAR OR DATES)	217-09-9	9180	John I	F Kor				D. 21222
	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES X NOT YES NO DEATHS									
0	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJU	JRY OCCURRI	YES NO		S ART 1 OR PART 2)	NO 🗌
4	AL	OR CONTRIBUTING CAUSE OF DE.	ALD .	A. MONTH DA	Y YEAR	100					
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C			211 LOCATION	1	CITY OR I	OWN	COUNTY	STATE
		220.1 certify that (1) (this hasp sow the deceased alive an above, (1) (we) (did) (did no	NOVEMBE	R 18, 19	OCTOB 81	FR 2, d that in (my) (a	19 <u>81</u> our) opinion d	, to <u>NOVEMB</u> eath accurred on the			that (1) (we) last
		22b. SIGNATURE				DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11-1				SIGNED ,	
		22d. PHYSICIAN'S NAME (TYPE OF MUKESH		MD		22e. ADDRESS 100 N.		H HOSPITAL WAY, BALTI			1
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE			METERY OR CR	EMATORY	23d. LOCATION		COUNTY	STATE
		Cremation	11/21/	/1981 Gr	ceen	Mount		Baltimo	re		ryland
	24 FL	INERAL DIRECTOR Duda-	Ruck,	Inc.			25a. DATE		R 256 REGIST	R R'S SIGNAT	Bether
	79	22 Wise Aven	ue Du	undalk,	MD.	21222	- NO	V 20 1981	Carres	0	

DHMH - 16 50M 1/B1 (VRA 15, 4)



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Hubbard Funeral Home, Inc. 4107 Wilkens Avenue



Baltimore, Maryland

FOR

Leonard J. Ruck, Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MARYLAND 212D1

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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	1	STATE OF MARYLAND
	1.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 9 4 8 STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 9 4 8 STATE REGISTRAR
	1 DE	REG. NO.
CN	(TYPE	ASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR PRINT) HALLIE E, SC-HWARTZ 11-14-81 700 MM
(M)	3 SE	4 RACE 5. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MRS
0 TO 14	7a B	FEMALE WHITE PELS 25, 1888 93 YRS. MONTHS DAYS HOURS MIN. HPLACE ISTATE OR FOREIGN. 76 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH.
leath. I		MARRIED NEVER MARRIED BALTIMORE CITY MD.
offer of the followith	10 C	OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 120. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
4 hours	USU 13a	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
YLAN thin 2, ety full 2 shoul	14 F	Md. 1 SA (TO OWINGS MILLS YES NO 15 NOTHER'S MAIDEN NAME
make omplet		Josiah MIDDLE HAVISON ELizabeth MIDDLE Burnhain
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by apers. Pages 1 and 2 should be fill you that the medical examine (must be not).		IS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT BOSICE 13 PLEASANT, HILL LA. 13 PLEASANT, HILL LA. 213-74-3584 John Bosice During Wills, Und -1117
		8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:
Certification plans or reminder of the coveres of t		IMMEDIATE CAUSE 101 PNEUMONTH 2/2 WKS
death death other other ove co	7	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate
W. Pr		couse (o) stoling the underlying couse lost
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certificate this certificate has been signed by the attending places the buriol-transit permit. Then please remove carbon than and Mental Hygiene prior to buriol, cremotion, or remorked or them 18 shows any injury, or other traumatic events.	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
been s prior te ony inj	CERTIFICATION	DO DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED
TALRE Control of the location. The location of	RIFE	YES NOW YES NO YES NO DEATH?
SICIAN: ng physic certificat oriol-tran tental Hy frem 18 s		10. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) DR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH P.M. 19
SION OF VI	MEDICAL	1d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM FICE) STREET CITY OR TOWN COUNTY STATE
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DIV ATTENDING sspital or oth CTOR: After d for use os the d for use os the d for use os the d for use os the		2a.1 certify that (this haspital) attended the deceased from
OR bolk Briter		26 SIGNATURE Tolators DEGREE ATTENDING MEDICAL STAFF 11-14-81
TO HOSPITAL retoined by th TO FUNERAL should be detr with the Stote		2d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS
TO HOSS	23a. I	70,000
BP	7	BuriAL Nov. 17,1981 Stone Chapel Cew. Pikesville Balto lid
DHMH - 16 50M 1/76 (VR A 15 (4))	24. P	ADDRESS MILL SUL BIST BY REGISTRAR 256 R

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injury, or other traumatic event, the

IMPORTANT: If Hem 21 is morked ar Item 18 shows

	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 PREG. N	2 9	0 4 9
Ī		CEASED NAME FIRST		IDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEA	20.11001
		LaVerla	M.	Schwa	rtz		November	8, 1981	4:10p M
	3. SE.	Female .	4 RACE White		S. DATE C	tember 21, **191	6 AGE (IN YEARS LAST BIR		FEAR IF UNDER 24 HRS. ATS HOURS MIN.
1		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	A.	MARRIE WIDOWE	D MEVER MARRIED DIVORCED	9 Baltimore City of Baltimore	R COUNTY OF DEATH	H MD.
0]	ITY OR TOWN OF DEATH Baltimere	4266 °C	Lydesdal	e Ave	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife	ION 12b. KIN DE WORKING LIFE) INDUS	D OF BUSINESS OR
<	USU. 130 S Ma.3	AL RESIDENCE (IF NURSING HOME OF STATE CYLAND	OTHER INSTITUTION O	Baltimore	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [13e. STREET ADDRESS 4266 C1	ydesdale A	venue
C			lliams	LAST			ME lizabeth De	ems	LAST
	160 V	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV		212 07 50		Norval L Sc	ADDRI hwartz	Same	
	ATION	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA? Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR DUE TO, OR DUE TO OR DUE TO OR CONDITIONS COI	AS A CHESTON	DEATH BUT	blum b blum b bot related to the term	CON AUTOPSY?	n lseid	
	RTIFIC,				OPERATIO		YES NO	IN CERTIFYING CAU	ISES OF DEATH?
	MEDICAL CERTIFICATION	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER ALL WORK NOTIFY CONTRIBUTION OF THE ALL WORK N	HOUR A.M. P.M. 21e. PLACE O (AT HOME, STREE	. MONTH DA . FINJURY IT, FACTORY, OFFICE FA	ARM, ETC)	21t. HOW INJURY OCCURR 21t. LOCATION 21t. LOCATION 19 nd that in (my) (our) opinion of the physician of	city OR 10 , to Office on the do	wn country 19 State and hour and from 22c. Di	STATE, that (I) (we) lost
	230 B	URIAL, CREMATION, REMOVAL SPECIFY ULTIAL	23b DATE 11 Nov.			EMETERY OR CREMATORY Mem. Park	23d. LOCATION CITY OR TOWN Eldersbe	rg, Carrell	
		INERAL DIRECTOR NAME Urgee Funeral I		31 Falls		250. DATE 21211 NO	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	" Varthen

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR
Burgee Funeral Home Falls 3631 Rd. 21211

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6010 REISTERSTOWN RD. BALTO., MD

STATE OF MARYLAND

Carcinio 10 File STATE OF THE STATE ((1) mary her end for the first La Marie and P. METHING SSES CENTER DIE DE DE

24 FUNERAL DIRECTOR 1630 Edmondson Ave., Catonsville, Md 250. Date REC'D. BY REGISTRAR 256 REGISTR.

Witzke Catonsville Funeral Home, P.A.

NOV 6

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4) REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

8 -0 - 1 THE REPORT OF THE PARTY OF THE 27.-ft-.in Ten. Pitc. factor to tone Lane. internation of second beautiful Carry March - Armitis of the Street of the Armitis of The same of the same of the same and The state of the s Melle X - The second of for for Sea server B. Shanbed Sout Cheere save The Charles of the Charles of the Carles of

STATE OF MARYLAND

SACTOR II TO BE JOHN OF W. ASTOR Course of the Co The state of the s AND THE PROPERTY OF THE PROPER - STATE

DHMH-16 30M 2/80

(VRA 15, 4)

REGISTRAR

1. DECEASED NAME

Baltimore 1809 E. Northern Pkwy. Seipp Balto., Md. 21239 Edith E. Seipp 1809 E. Northern Pkwy. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED (SPECIFY Cremation Catonsville. Balto. Co., Md. Westview Mem. Pk. 24 FUNERAL DIRECTOR ADDRESS Timonium, Md. Lemmon-Mitchell-Wiedefeld, 10 W. Padonia Rd

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

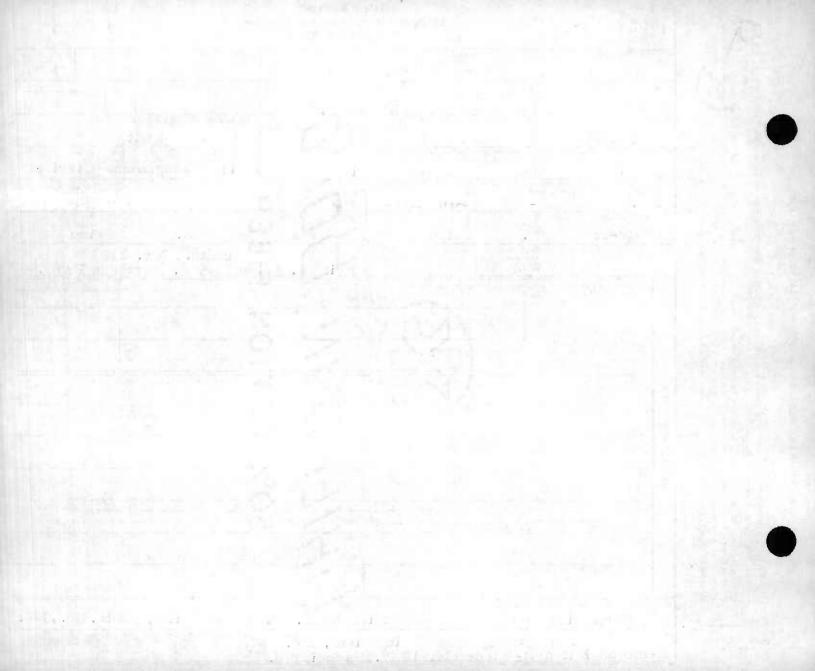
12b. KIND OF BUSINESS OR

IF UNDER LYEAR

31

IF UNDER 24 HRS

20. DATE OF DEATH



MPORTANT: If them 21 is morked or Item 18 shows any injury, or other traumatic event, the medical exam

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

+	L	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.			
		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
		WILL	IAM	EBERLY	SE	XTON		11	10	81	7:40Am
	3 SE	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BE	RTHDAY)		ERIYEAR	IF UNDER 24 HRS
		Male	W	hite	Sep		66	YRS	MONTHS	DAYS	HOURS MIN.
4.0		RTHPLACE (STATE OF FOREIGN	76 CITIZEN C	F WHAT COUNTRY?	8	D X NEVER MARRIED	9. BALTIMORE CITY		Y OF D	EATH	
SS		Maryland	C.35	USA	WIDOWE		Baltim	ore (City		MD.
1	MC	ITY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b		F BUSINESS OR
£S		Baltimore		SUCH FACILITY, GIVE STREET Samarit		ospital	Account			DUSTRY	man Ca
		AL RESIDENCE LIF NURS ME OR	OTHER INSTITUTE	ON, GIVE RESIDENCE BEFORE	ADMISSION)	MANAGER AND		arit		or ay	mar Co
5		Maryland 5	Alto	Baltim		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 236 Bler	hoin	D	224	
		ATHER'S NAME	1110	Daitiiii	OI E	15. MOTHER'S MAIDEN NA		metri	1 70	Jau	
36			MIDDLE	LAST	504	FIRST	MIDDLE	_		LAS	ī
	160 V	Clarence VAS DECEASED EVER IN U.S. AR	MED FORCES	Sexto		Louise 17. INFORMANT	ADDR	FSS	ber	ly_	
2			E WAR OR DATES		4328						
						Mrs. Mary	Louise S	extor			ame
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse p D BY:	per line for (a) (b), on	1º 1:	10.000	\$		-	BETWEEN	MATE INTERVAL ONSET AND DEATH
			E CAUSE (a)	Metas	late	. Adeno caro	inoma	4 14 /			
		177/	DUE TO,	OR AS A CONSEQUE	ENCE OF	Unknow	n Prima	T			
		Conditions, if ony, which gove rise to immediate	(b).								
		couse (a), stating the	DUE TO,	OR AS A CONSEQUE	NCE OF						
		underlying couse lost.	((c)_								
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	NOL		penio		300						
0	CERTIFICAT	190 DATE OF OPERATION	196 CON	IDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?				GS USED OF DEATH?
1	E E	-					YES NO		ES 🗌	CAUSES	NO [
a	Ü	210. ACCIDENT WAS UNDERLYING	110.00	OF INJURY A.M. MONTH DA	AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OF	PART 2)	
1	ZA1	OR CONTRIBUTING CAUSE OF DEA		P.M.	19						
	MEDICAL	21d. INJURY OCCURRED		E OF INJURY		21f. LOCATION STREET	CITY OR TO	Duck		UNTY	STATE
	×	WHILE NOT WHILE AT WORK	SAL HOME	STREET, FACTORY, OFFICE, F	ARM, ETC)	SIRECT	CITORIC	744		701411	STATE
-		220.1 certify that (1) (this haspi	tal) attended	the deceased from_	. 0	ct 19 80	to Nov	10	195		that (I) (we) last
	0.00	sow the deceased alive on		009 19 5	PL, or	d that in (my) (our) opinion o	death occurred on the d	ote and ho	ur and f		
	4	obove, (I) (we) (did) (did no	view the boo	dy offer death.		DEGREE			123	C DATE	SIGNED
		Daire M	The	ha	1	ATTENDING	MEDICAL STA				
		22d. PHYSICIAN'S NAME ITYPE O	R PRINT)		11	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSI	LIAN L			
		Davis M.	Ha hu			5601 Loch	Raven B	lud	0	177	9
1	22a D		Took Dare	122	IAME OF S						
		SPECIFY) Runial	1 .	13/81		EMETERY OR CREMATORY	23d. LOCATION	'at tob	COUN	ITY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212

NOV 12 1981 Zerres

1815 . St. 1815 . City Carried City Baltimons Cood Samentan Legical Accountant Converse Co. Baitimone Xu 256 Blanhaim Foad IC. Sexon Louise Election VW II 016 07 4008 Mrs. Nany Louise Saxton 4 Same

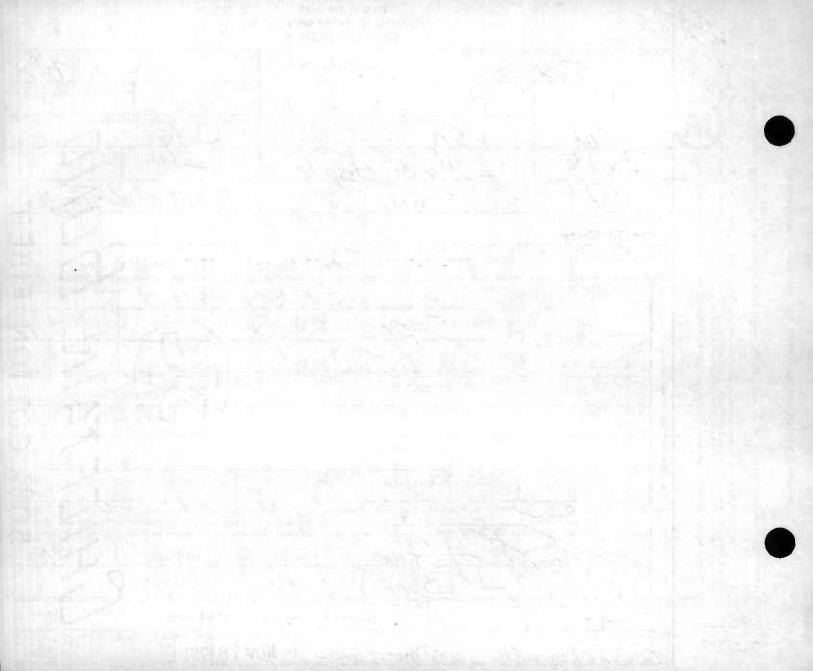
Burial 11/15/1 Dulansy Valley Falco, County, -W1.

Henry W. Jankins & Bens Co.

4805 York Road Balto., MS. 21212

10 1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 2	9 0 5 6
	CEASED NAME FIRST BOND		STAW	20. DATE OF DEATH MONTH D. 11-04-	81 25 HOUR
g. sefter	MALE	BLACK	5. DATE OF BIRTH MONTH DAY YEAR 10 30 46	6 AGE (IN YEARS LAST BIRTHDAY) 35	IF UNDER 1 YEAR II UNDER 24 HRS.
By M	IRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY $U_{ullet}S_{ullet}A_{ullet}$	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore, Cit	OF DEATH
35 B	altimore	Church Home		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Cement Finishe	
The state of the s	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN APPLIAND		more 13d. Inside CITY LIMITS?	13. STREET ADDRESS 1736 Thomas Av	renue-2121 6
By Och W		Shaw Shaw	15. MOTHER'S MAIDEN NA Augusta	P. Rob	inson
	WAS DECEASED EVER IN U.S. ARI YESTED WILLIAM THE S. GIYL	MED FORCES? 166 SOCIAL SEC 214-44	Dat	timore ADDRESSMary Ohine Shaw 1736	land 21216 Thomas Ave
Then please remove co r to buriol, cremotion, c injury, or other troumo	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	ic exaphelos	AINAL DISEASE OR CONDITION GIVE	N IN PART 1(o
Orașt persone a su constitută de la constituta de la cons	190. DATE OF OPERATION		HOPERATION WAS PERFORMED	YES NO NO YES	
MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (18 EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED		19 211, LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I OR PART 2) COUNTY STATE
of Heolth o	WHILE NOT WHILE AT WORK 270 I certify that (I) (this hasoit sow the deceased glive on obove, (I) ((e) find) (idid not 27). SIGNATURE	all attended the deceased from	XXXXX10/28/1	81 to 11 4 1 10 death occurred on the date and hour	and from the couses stated
should be detached with the State Dept.	224 PHYSICIAN'S NAME , TYPE OR MUKEST	L lendo	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN B-41,	11 4 9
230. [SURIAL, CREMATION, REMOVAL SPECIFY IT EMATION JNERAL DIRECTOR BATTIN NAME	111/5/01	NAME OF CEMETERY OR CREMATORY CURITY Process 2/2/6 250. DAT	23d LOCATION CITY OF TOWN Baltimore Con	R'S SIGNATURE
Hea	Lbont ENATIER,	FUNGRAL HOME 31	35 W. NURIH AVR. NO	V 6 1981 Cources	0

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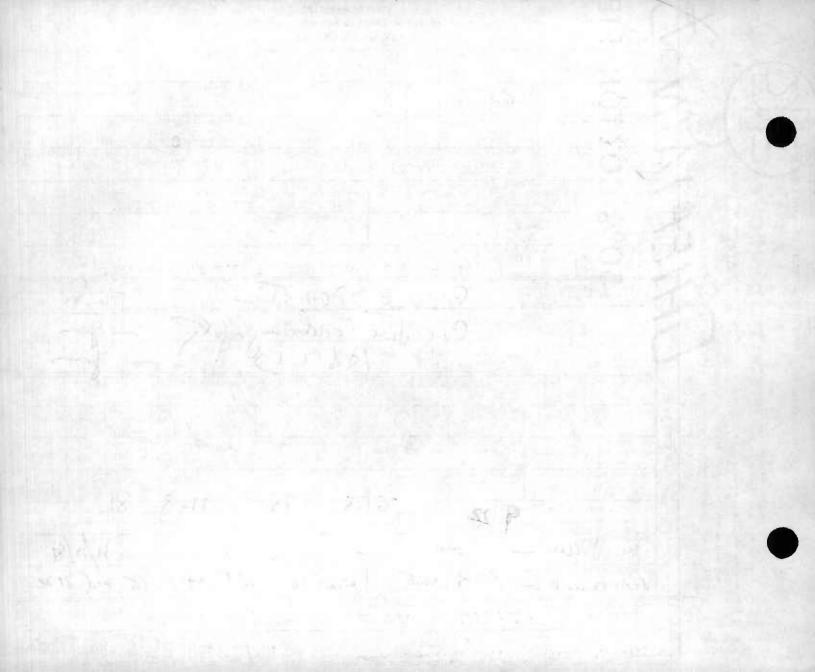


Funeral Homes.

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A STATE OF THE RESIDENCE OF THE PROPERTY OF TH

STATE OF MARYLAND



- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND

5. DATE OF BIRTH

Shelley

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Bertha

THE CITIZEN OF WHAT COUNTRY?

Univ. of Maryland

DUE TO, OR AS A CONSEQUENCE ssible

216. TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M. MONTH

LAT HOME, STREET, FACTORY OF

13c CITY OR TOWN

Perrvville

Atkinson

IAL SOCIAL SECURITY NO

216-30-1556

espiratory

Cerebin

DAY YEAR

19

4 RACE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

34

NEVER MARRIED

13d INSIDE CITY LIMITS?

17. INFORMANT

15. MOTHER'S MAIDEN NAME

21c HOW INJURY OCCURRED

211 LOCATION

22e ADDRESS

DEGREE

Margaret

120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Hairdresser

MIDDLE

9. BALTIMORE CITY OR COUNTY OF DEATH

REG. NO

Nov. 9, 1981

2a. DATE OF DEATH MONTH

6. AGE (IN YEARS LAST BIRTHDAY)

13e STREET ADDRESS

407 Aiken Avenue.

IF UNDER TYEAR

2b HOUR

11:30am

М. Preston ADDRESS Douglas P. Shelley Charlestown, Maryland

DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO

CITY OR TOWN

COUNTY

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY

West Nottingham Cem.

Colora Cecil Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

236 DATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2n. DATE OF DEATH MONTH 2b. HOUR 8 AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR MONTH YEAR 23 58 10 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE DIVORCED T TYPE OF WORK FOR MOST OF WORKING HEET INDUSTRY NONE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 8501 JENKINS RD PASADENIA YES IS MOTHER'S MAIDEN NAME MIDDLE

REGISTRAR L DECEASED NAME TYPE OR PRINT MARYANN WANDA I F X IF UNDER 24 HRS FEMALE aucasian BIRTHPLACE (STATE OR FOREIGN COUNTRY WD 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR BALTIMORE MSUAL RESIDENCE (IF NURSING HO COR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION ANNE ARUNDEL MD 14 FATHER'S NAME Talba GENEVIEVE 17. INFORMANT Pasadena 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Md . 166 SOCIAL SECURITY NO. LYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Talbert Shepke 8501 Jenkins Rd. 2-2088 NO Mr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY 36 hre IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which diabetes gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ALLURG RENAL 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M WED 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE - L - 1803 11-5 220.1 certify that (1) (this haspital) attended the deceased from 10 8 1 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated did (did not) view the body after death 22b. SIGNATU DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS

230 BURIAL, CREMATION, REMOVAL Burial

FOR

- STATE

236 NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

230 LOCATION Brooklyn

Md.

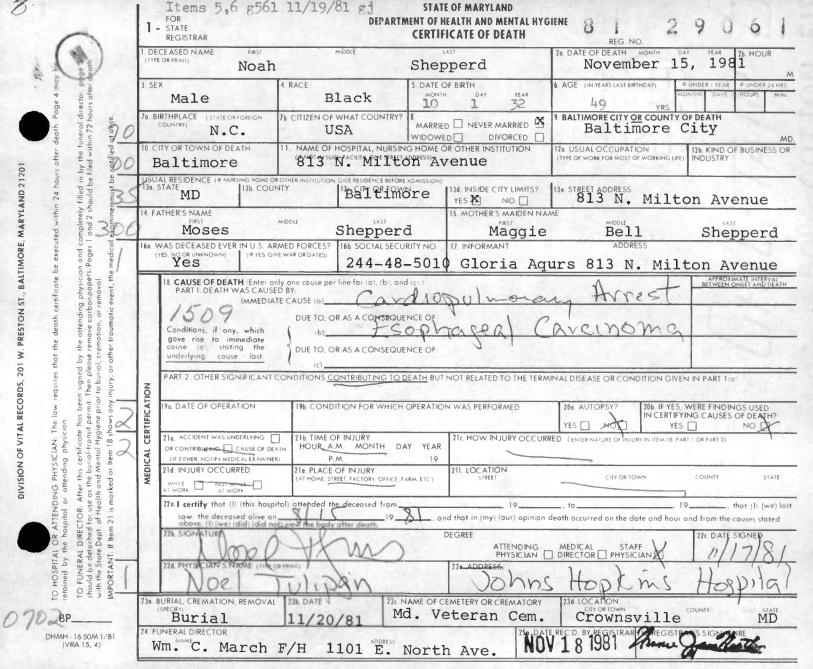
DHMH - 16 50M 1/83 (VRA 15, 4)

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Balto. Md. George J. Gonce 4001 Ritchie Hgwy

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	DECEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF	DEATH	MONTH	DAY	YEAR	26 HOU	
L		Edwin		Louis	S	Sherman	Sr.	Nov.		1981			5:3	30 M
3	SEX		4 RACE		5. DATE C		YEAR	6. AGE (IN YE	ARS LAST BIRT	HDAY)	MONTHS	DAYS	IF UNDER	24 HRS MIN.
-	Male			asian	Feb.	2 192	4	5	7	YRS				
1	COUNTRY)	III LIN FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MA	RRIED -	9 BALTIMOR						
4	CITY OR TOWN O	E DE ATH	U.S.	A . HOSPITAL, NURSIN	WIDOWE		RCED			ore				MD
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	FIRST		MIDDLE	LAST		FIR	ST		WIDDLE			LAST		
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CERTIFICATION	19a. DATE OF OF	PERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	NED	200 AUTOP	SY?	20b. IF YES IN CERTIF YE	S, WERE YING C.	FINDIN AUSES (GS USED OF DEAT	H?
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Good

231. NAME OF CEMETERY OR CREMATORY

Gardens of Faith

BP_____ DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT If he

FUNESCHIMUNEK Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213

23b. DATE

Hahn

11/30/81

Dr. Davis

230 BURIAL, CREMATION, REMOVAL

Burial

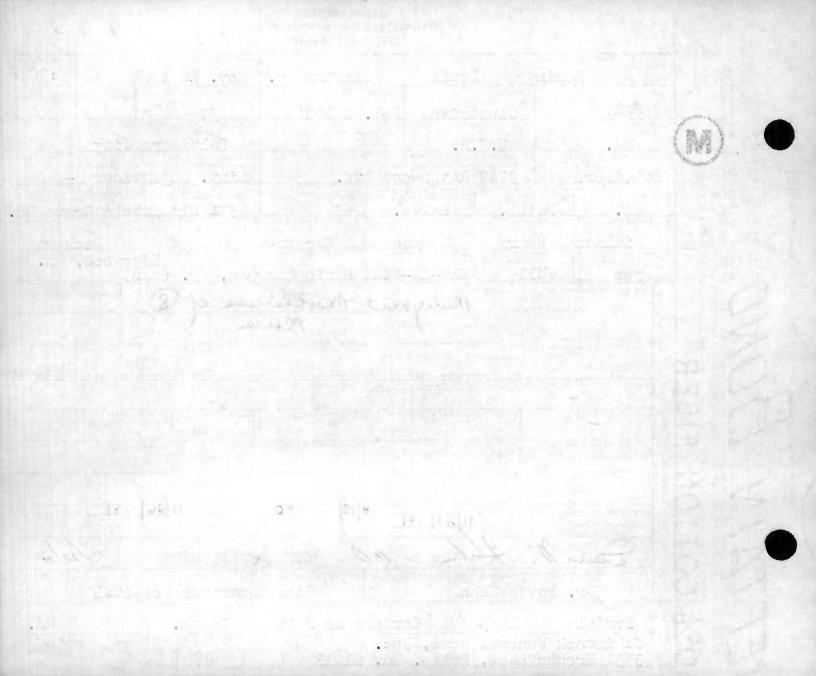
DFC 1 1981 James Jan Parther

COUNTY

Md.

Samaritan Hospital

23d LOCATION CITY OR TOWN Balto.



STATE OF MARYLAND

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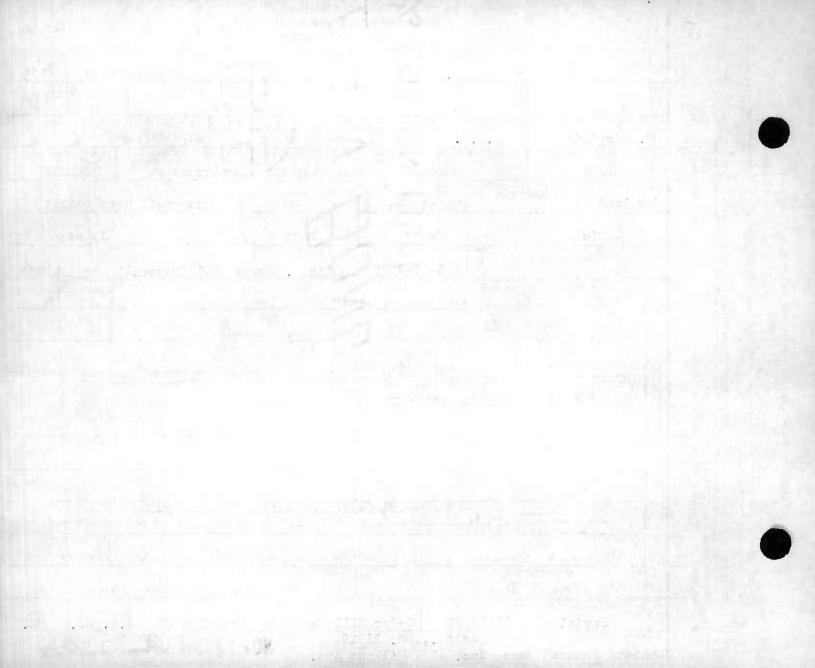
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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dical		VAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRE	SS		
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2 1 12		sow the deceased alive or	11.11.81	1		d that in (my) (our) opinion	death occurred on the de	ote and hour or	nd from the	couses stated
tern		obove, (I) (we) (did) (did no 22b. SIGNATURE	or view the body	ofter deoth.		DEGREE			22c. DATE	
-	lc=	Maureen L.	Dinken			MD ATTENDING PHYSICIAN	MEDICAL STATE	FF	11.	11.81
Z		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS			1	
IMPORTANT: I			Durki			South Balt		ral He	osputi	J.
_	23a E	BURIAL, CREMATION, REMOVAL SPECIFY)				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		UNTY	STATE
		Burial	11/16			ill Cemetery			. Co.	
6		UNERAL DIRECTOR			Md. 212		REC'D. BY REGISTRAR	GISTRAI	SIGNAT) -
- 1	Hu	bbard Funeral I	dome, In	c. 4107	Wilken	s Ave.	7 0 1001		1	as clan



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	5 € 5 € ¥ ₹		JRIAL, CREMATION, REMOVAL			R NAME OF C	EMETERY OR CREMATORY	23d LOCATION		/	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		VAS DECEASED EVER			166 SOCIAL SE		17 INFORMA	NT		ADDF	ESS Lin	thicum	, Md.	
	()	NO OR UNKNOWN)	(IF YES, GIVE V	AR OR DATES)	220-09-	-2723	Denis	Falter	341	Si1ky	Oak C	ourt	210	90
		Canditions, if dny gove rise to immunderlying cause	, which mediate the last	DUE TO, OR DUE TO, OR (b) DUE TO, OR (c)	Carc As a consec Carcer As a consec	DUENCE OF	a g Blac	rast a Ler	INAL DIS	EASE OR COP	ADV ADITION GI	eal	MONSET AND LOUGH	the
	OF L			82	ptic	rela	er				serve	ral.	inco ?	4
2	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	ON FOR WHI	CH OPERATIO	N WAS PERFO	RMED	200 A	UTOPSY?	INCERTI	S, WERE FINE FYING CAUS ES []	DINGS USEI ES OF DEAT NO	TH?
9		OR CONTRIBUTING	CAUSE OF DEATH		M. MONTH		21c HOW IN	JURY OCCURE	RED (ENTE	R NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2	}	
1	MEDICAL	21d INJURY OCCUR		P.A 21e. PLACE C	OF INJURY	19	211 LOCATIO	N					_	
	×	WHILE NOT WE	HRE	(AT HOME, STRI	EET, FACTORY, OFFIC	E. FARM ETC)	STREET			CITY OR T	NWC	COUNTY	S	STATE
		220.1 certify that (1)		oftended the		0/	22.	, 19.8/	, to	11- 9	<u> </u>	19 07	, that (1) (s	
		saw the decease above, (1) (we) (did) (did not) v	new the body	ofter death.	8 (, on	d that in (my)	(our) opinion o	deoth occ	urred on the o	late and ha	ir and from th	ie couses sto	oted
		22d PHYSICIAN SIN	AME (TYPE OR PI	vorti	f C	Tole !		TTENDING PHYSICIAN Z	MEDIC DIRÉCT		CIAN [22c. DA	E SIGNED	8/
1	46	E. Ellsw	orth C	ook, M).			Mary1a	nd A	venue				
	23a. B	URIAL, CREMATION,		23b. DATE		L NAME OF C			23d L0	OCATION				
	(Burial		11/11/	81	New Cat	hedra1	Cemete	ry :	Baltim	ore	COUNTY	Md.	STATE

Buria1 11/11/81 24 FUNERAL DIRECTOR 24 FUNERAL DIRECTOR
NAME
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

New Cathedral Cemetery

Md. NOV 10 1901

DHMH - 16 50M 1/81 (VRA 15, 4)

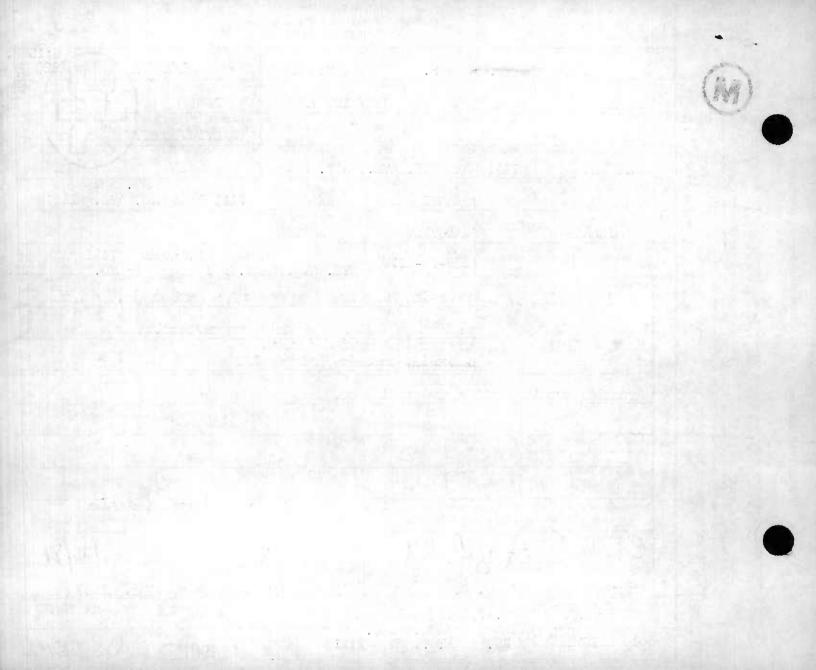
IMPORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumatic

and the same of th STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

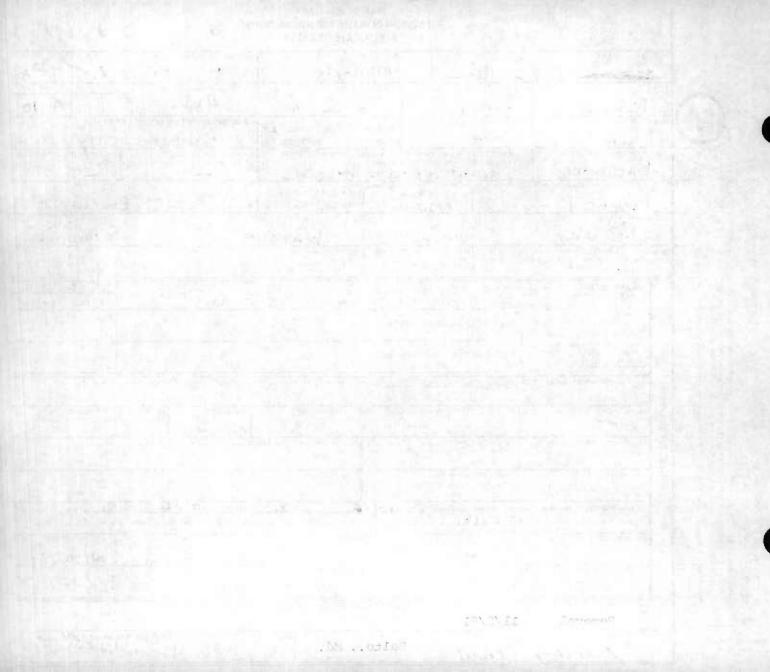
CERTIFICATE OF DEATH

- STATE

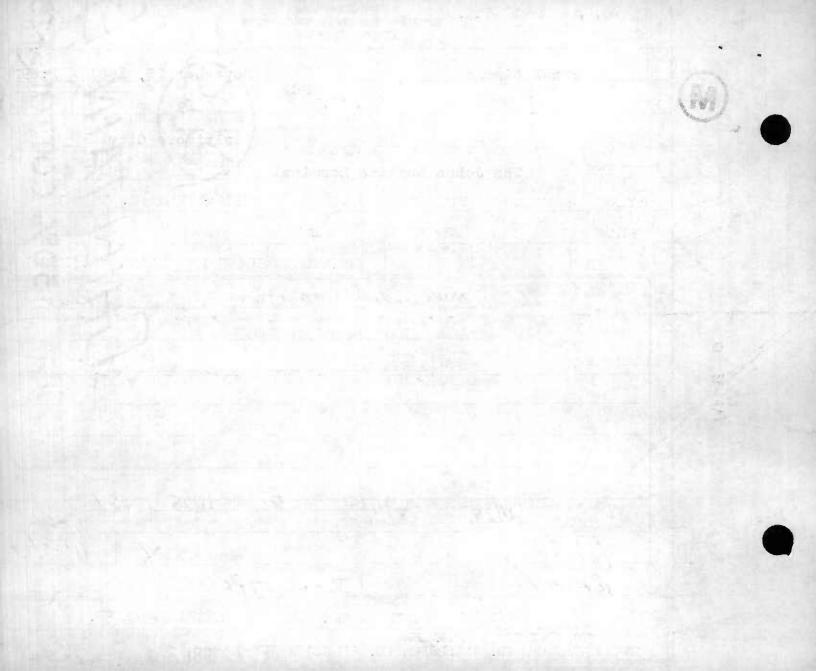
REGISTRAR



	1 -	FOR STATE REGISTRAR	DEPAI	RTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8	2	907	0
4 may be penge 3		CEASED NAME FIRST BAGG	RACE	Simm 5. DATE OF	lons	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR - 25 DERIYEAR IF UNDER 24 S DAYS HOURS A	AM HRS.
depth. Page	(USA	BLACK CITIZEN OF WHAT COUNTR USA	MARRIED		4 Hps * BALTIMORE CITY OI Balty	uover C	EATH	MD
4 hours ofter led in by the lid be filed with	JUSUZ	DATIMORE LESIDENCE (IF NUI) TATE OUNT	HER INSTITUTION, GIVE RESIDENCE BEI	WORLAL FORE ADMISSION) DWN	HOSPITAL BILLINITS?	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE) IN	b. KIND OF BUSINESS DUSTRY	OR
completely III		MARYLAND THER'S NAME INACD VAS DECEMBED EVER IN U.S. ARM	DAITIV DDLE LAST WALK ED FORCES? 166 SOCIAL SE	. ER 1	YES NO DE S. MOTHER'S MAIDEN NAME OF SERVICE	WIDDLE	S	immons	jA
ertificate be execu g physician and a compapers. Pages remayou.	()	(F YES, GIVE V に NO OR UNKNOWN) (F YES, GIVE V PART 1. DEATH WAS CAUSED IMMEDIATE	ane cause per line far (a), (b), BY:	and (c).)	-NON VIABLE	FERUS	F	APPROXIMATE INTERVA BETWEEN ONSET AND DE	_
ires that the death cert gned by the attending n please remave carbai burial, cremation, or ret ry, or other traumatic er		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	QUENCE OF					
Spin Sin Spin Spin Spin Spin Spin Spin S	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI			20a AUTOPSY? YES NO N	20b. IF YES, WER	RE FINDINGS USED CAUSES OF DEATH?	,
thending physician. It is certificate has been the burial-transit permit. In burial-transit permit and Mental Hygiene prior ced or item 18 shows any in	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR	PIL LOCATION STREET	CITY OR TOV		OUNTY STAT	E
OR ATTENDING te haspital ar a DIRECTOR: Afte sched far use as Dept. of Health if Item 21 is mark		220.1 certify that (1) (this haspital saw the deceased alive an abave, (1) (we) (did) (did nat). 22b. SIGNATURE	view the bady after death.	, and	that in (my) (aur) apinian of		te and haur and	, (1) ()	′
TO HOSPITAL ON PRESENCE OF TO FUNERAL DI Shauld be detack with the State De IMPORTANT: # #		22d. PHYSICIAN'S NAME ITYPEOR	QUINN			y Hospital .	IAND	lolzGlag lediatrics	
BP	(URIAL, CREMATION, REMOVAL REMOVAL INERAL DIRECTOR	23b. DATE 11/5/81	R NAME OF CEA	AETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	coui		E
DHMH-16 30M 2/80 (VRA 15, 4)		NAME Anatomy	Board ADDRES	Balto.		V 1 3 1981	France 9	Jan Partle	



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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29073

REGISTRAR		CENTII	ICATE OF DEATH	REG. NO).						
1. DECEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH							
(TYPE OR PRINT)	EORGIA LUCILI	E SINGL	ETON	NOVEMBER	16,1981 5/5 M						
3 SEX	4 RACE	5 DATE (6. AGE (IN YEARS LAST BIR							
Female	White	Marc	1 0 1010	62	YRS						
70 BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH							
Virginia	U.S.A.	WIDOW		Baltimo	re City						
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME		120 USUAL OCCUPATION	ON 12b. KIND OF BUSINESS OR						
Baltimore	24 S. Patte	erson Par	k Ave.	Housewife							
USUAL RESIDENCE (IF NURSING HOME COLL 136 STATE	OR OTHER INSTITUTION GIVE RESIDENCE INTY		113d INSIDE CITY LIMITS?	130 STREET ADDRESS							
	timore Balti		YES X NO	24 S. Pa	atterson Park Ave						
14 FATHER'S NAME	MIDDLE	.ST	15. MOTHER'S MAIDEN NA		149						
James Le		Clarey	Clara	Belle	Parks						
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS						
No	215-	34-1536	Rose M. Sa	ard	Trappe, Md.						
18 CAUSE OF DEATH (Enter of	inly one couse per line for (a),	(b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUS	ATECAUSE (O) Met	astatic	Luna CI	ANCEK							
1629	DUE TO, OR AS A CON	ISSOLISMOS OF	J								
Conditions, if any, which	(,b)	1310011401 01									
gave rise to immediate couse (a), stating the) (0)										
underlying couse lost.											
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT DELATED TO THE TEDAM	UNAL DISEASE OF CONI	OITION CIVEN IN DART 1/-						
Z	CONDITIONS CONTRIBUTES	O TO DEATH OUT	NOT RELATED TO THE TERM	TIMAL DISEASE OR COIN	THOM GIVEN IN PART 110						
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED						
<u> </u>				IN CERTIFYING CAUSES OF DEA							
210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO X	YES NO						
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT		1	VED VENTER NATIONE OF INSOR	THE PROPERTY OF TAKE I						
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M.	19	21f LOCATION								
WHILE NOT WHILE	(AT HOME STREET, FACTORY	OFFICE, FARM ETC)	STREET	CITY OR TO	NN COUNTY STATE						
AT WORK AT WORK			1	11-							
22a I certify that (I) (this hasp	1 1 -			, toNovem	, 1101 (11 (11)						
above (I) (we (did) did n	n		<u></u>	death accurred on the do	ite and hour and from the causes stated						
221 SIGNATURE	11.		DEGREE	A	22c. DATE SIGNED						
Allaglup	Atterner	MO	ATTENDING >	MEDICAL STAF							
224 PHYSICIAN'S NAME ITYPE	OR PRINT)		22e ADDRESS		1						
DEBRA SI	WERTHEIME	2	6216EAS	TERN Y	THE.						
23a BURIAL, CREMATION, REMOVAL	L 23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION							
Burial	11-19-81	Spring	Hill Cem.	Easton	Talbot Md						

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shaws

should be detached for use as with the State Dept. of Health

Newnam Funeral Home

24 FUNERAL DIRECTOR

Easton, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

.av/ kis. Emineting .e.W.

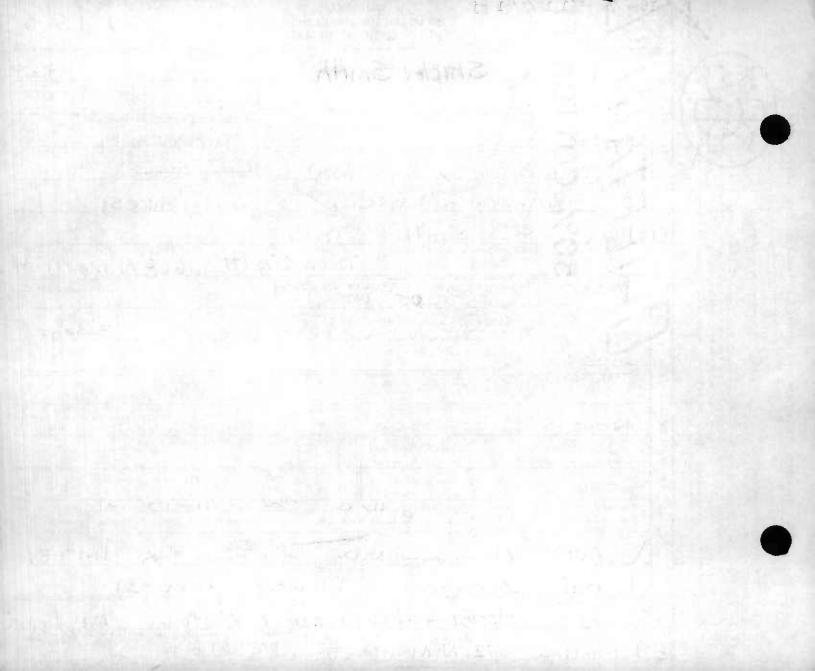
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5	1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE & REG. NO	2 9	0 7 5
		CEASED NAME FIRST		MIDDLE	-	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
eoth	(III)E	JAC	QUELIN	JE A.	SLO	UCK	Nov. 2	7/8/	5:30 M
Ď	3 SEX		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS	ER I YEAR IF UNDER 24 HRS
		Female	Whi	te 1	Jan	. 16, 1925	56	YRS.	
33	0	RTHPLACE (STATE OR FOREIGN COUNTRY) Balto., Md.		WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED DIONORCED	9. BALTIMORE CITY O Baltimo	-	EATH MI
NZ	id CI	TY OR TOWN OF DEATH	(IF NOT IN SU	CHEACILITY, GIVE STREET	ADDRESSI . "	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	F WORKING LIFE) IN	KIND OF BUSINESS OR DUSTRY
1/-	_	Baltimore AL RESIDENCE (IF NURSING HOME		Samari		Hospital	Homema	ker	Own Home
23	13a. S	aryland 135.com		Baltimo	N	YES X NO	708 St.	Dunstan	s Road
100	I4 FA	THER'S NAME FIRST Elmer	MIDDLE	Hartlov	e	15 MOTHER'S MAIDEN NAME FIRST Cather in	MIDDLE	Cu	nningham
10		AS DECEASED EVER IN U.S. A		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE		
Bell /	()	res, no or unknown) (if yes, o	GIVE WAR OR DATES)	214 26 2	2003	Mr. Russe	ell E. Slou		Same
- t		18 CAUSE OF DEATH (Enter	anly one cause pe	r line for (a), (b), and	d (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
even		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	KESPIR	stoise	1 troiRIURE			2/2 4/25.
non, or r		Conditions, if ony, which	DUE TO, C	END-Sha	NCE OF	Chronic Obstruc	trice Poliumas	y laisone.	10425.
y, or other tr		gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(c)_	ONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART I(a
ot	O	CORE ,	POLLIONE	I/E.					
ows any i	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
kental Hygie	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A	OF INJURY ,M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCUR			R PART 2)
rked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	wn co	DUNTY STATE
21 is mo		270. I certify that the (this has sow the deceased alive abave, (the (did) (did)	you Z	9 10 8		nd that in (my) (our) opinion (deoth occurred on the de		
VT. H Hen		72b. SIGNATURE	12			DEGREE ATTENDING PHYSICIAN [FIAN	20 DATE SIGNED
with the Stote		224 PHYSICIAN'S NAME TYPE	ORPRINT)	40.		13 ADDRESS GOOD BASKIN		thospithol 21239	
3 37	23a. B	urial, cremation, removi specify) Burial	12/2			emetery or crematory	23d. LOCATION CITY OF TOWN	rd Count	NTY STATE Md.
_ }								25h, REGISTRAR'S	SIGNATURE
2/80		905 York Roa	d Rait	Jenkins	010	IIS CO. I	UV 3 0 1981	Trances	Year Warthen
		JOS TOTA ROS	u Dall	0., 1010.	- 516	12			

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	1	Item 7a g561 12/3/81 gj STATE OF MARYLAND	
A	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH	0 7 6
A me		DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR	R 2b. HOUR
1 / 10	3. SE	EX 1. RACE 15 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE	EAR IF UNDER 24 HRS
		female black 199 20 YES NOVINS DA	
A LANGO		BIRTHPLACE (STATE ORFOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED	
1 X+	10 C	Maryland Widowed Divorced Divorced	MD. D OF BUSINESS OR
- 13 38	1	Baltimore UNIVERSITY OF MOD HOSP (TYPE OF WORK FOR MOST OF WORK FOR WORK	
BALTIMORE, MARYLAND 21201 cote be executed within 24 bounty specs. Pages 1 and 2 thousand be lie wol. it, the medical examine must be lie.		UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE DEFORE ADMISSION) TATE 136. COUNTY 136. STREET ADDRESS 136. STREET ADDRESS	
TAN The 2	14 F	FATHER'S NAME FATHER'S NAME 15 MOTHER'S MAIDEN NAME	
MARRY mplet	0		LAST
MORE, in and coin mode coin medical		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)	50
ALTIMO		Doris Smith 1608 N.M	
ST., BA ertificate g physic on pape removal		18 CAUSE OF DEATH Enter only one couse per line for (a) (b), and (PULMPN 2P) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ROXIMATE INTERVAL EEN ONSET AND DEATH
ON S or re- or re- or re-		4300 DUE TO, OR AS A CONSEQUENCE OF	Resident I
PRESTON he death ce ma attending mation, or r	1	Conditions, if ony, which gove rise to immediate (b) Subarachnold hemotrage 3	days
201 W. P es that the ped by the please rer urial, crem		cause (a), stating the underlying cause last.	
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	110
DIVISION OF VITAL RECORDS, OLD PHYSICIAN: The low requir oftending physician. After this certificate been sign of the burnel transit permit. Then th and Mental Hygiene prior to b orked or flem 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FIN	DINGS USED
AL REC	TIFIC	NONE YES NO YES YES	SES OF DEATH?
N OF VITA SICIAN: The graphsicio certificate certificate rinoi-tronsit ental Hygie ltem 18 sho		216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART OR PART OR PART OR PART OF PART O	21
ON OF HYSICIA ding p ding p ding p ding p Mental Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211, LOCATION	
IVISIO Offen offen	ME	WHILE NOT WHILE STREET, FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
NE Africanor is mon		22a.1 certify that (1) (this hospital) attended the deceased from 11-15, 19-81, to 11-17, 19-81	_, that (I) (we) last
ATTE cospite ECTO ed for ot. of l		above, (h) (we) (did) (did not) view the body ofter death.	the couses stated ATE SIGNED
the h the h to DIR etache te Dep	1	ATTENDING MEDICAL STAFF	17.81
HOSPITAL ined by th FUNERAL old be deter in the Stote		224 PHYSICIAN'S NAME (TYPE OR PUNI) 226 ADDRESS	
O HOSPITA etained by TO FUNERA should be de with the Stati		LOUIS SOLOMON LINIVERSITY HOSPITZI	
300	230.	RURIAL, CREMATION, REMOVAL 236, DATE 123 RAME OF CEMETERY OR CREMATORY 234 LOCATION STORY BUSINESS	STATE /
DHMH - 16 50M 1/81	24 FI	FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR 3 W.C.A.	and
(VRA 15, 4)	II	= ("AMEPH, i) à 172/N/000855 MAGO ST. NOV 24 1981 Concas Jan	M Indiana



STATE

DECEASED NAME

THREE CHARGOSTS

RECHSTRAR

Burial

DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. FIRST 20. DATE OF DEATH 2h HOUR /15 / 81 11 10:42 AVA KATHERINE SMITH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH City 12m USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Jun Home Homemaker 11 C Phlox Circle Estelle (Stagmer) 913 Grovehill Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 20n AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES E 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated 22c. DATE SIGNED MEDICAL STAFF 11/16/81 PHYSICIAN DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCALION St. Boneventure emetery. grampion, lear 250. DATE REC'D. BY REGISTRAR 251 TEGISTRANS MONATU CANCES Ambrose Funeral Home, Inc. 1328 Sulphur Sp. Rd.

Targett (Torget

John Miller Inc-6415 Belaur Rd. -21206

STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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CERTIFICATIO

MEDICAL

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MPORTANT: If Item 21 is

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF D	PEATH	REG. NO.		
I. DECEASED NAME FIRST	EPH	SMITH	SR.	NOVEMBER 4	1981	26 HOUR 9:20AM
MALE	CAUCASIAN	5. DATE OF BIRTH MONTH March 8	1911	6. AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER A	MARRIED	Baltimore city or cou		MD.
Baltimore	11. NAME OF HOSPITAL, NURSIN LENGT IN SUCH FACILITY, GIVE STREET Church Hosp	ADDRESS)		12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN Fireman	12b. KIND C	o. City
USUAL RESIDENCE IN NURSING HO. 130. STATE NO. CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 1134 INSIDE C	ITY LIMITS?	13e STREET ADDRESS	ltimore	
Nicholas	L. Smit	h !	maiden na/ Theres	MIDDLE	Krehtz	er
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMA	NT	ADDRESS	7.77.7	

CARDIORESPIRATORY FAILURE WITH	
ATE CAUSE (0) CHIND TO THE THE CAUSE (0)	
DUE TO, OR AS A CONSEQUENCE OF METABOLTC ENCEPHALOPATHY	
(b) NETTEDOBLE DIVERTIMENTALITY	
DUE TO, OR AS A CONSEQUENCE OF CHRONIC CONCESTIVE FATLIBE	
,	DUE TO, OR AS A CONSEQUENCE OF METABOLIC ENCEPHALOPATHY

WEIGHT LOSS

19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES NO 216. TIME OF INJURY

21a ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21f. LOCATION

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STREET NOT WHILE 220.1 certify that (I) this hospital ottended the

STOBER NOVEMBER sow the decreed clive on NOVEMBER
obove, (I) we) did (did not) view the body ofter death opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 22t. DATE SIGNED M.B ATTENDING DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME ITYPE OF PRINT) T. KAWAJA, M.D

230 BURIAL, CREMATION, REMOVAL 236 DATE

HOSPITAL CORPORATION BROADWAY BALTIMORE, MD. 21231

COUNTY

STATE

	236 DATE	23c NAME OF CEMETE	RY OR CREM	ATORY	23d LOCATION	
	11/7/81	Gardens				
FUNER SCHIMUNEK I 3331 Brehm	Tuneral HOm Lane, Ba	e, Inc. Lto. Md.	21213	250. DATE RE	V 1 0 1981	RAR'S GNATURE

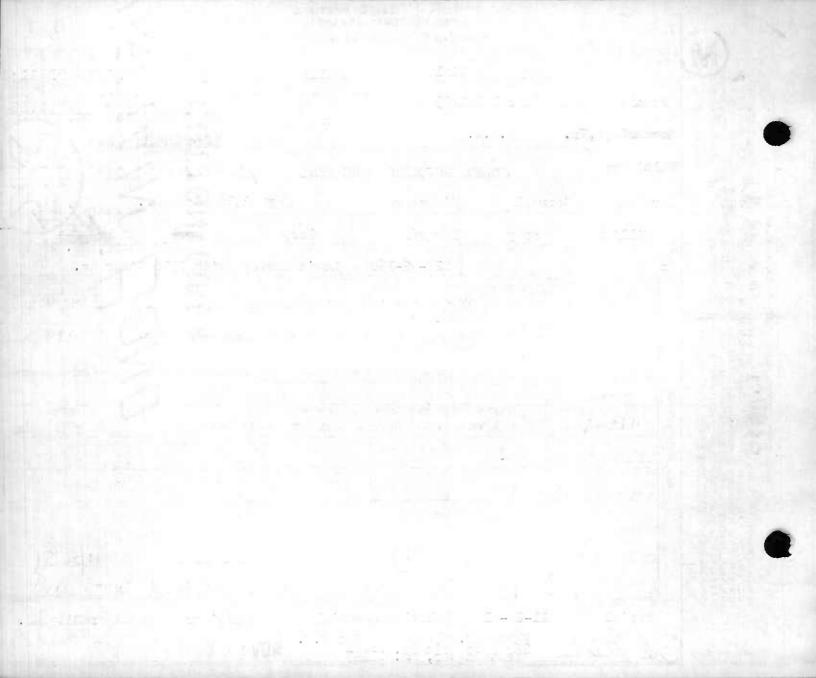
DHMH - 16 50M 1/81 (VRA 15, 4)

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Thely 4	11 01	An	DEGREE ATTENDING PHYSICIAN			22c. DATE SIGN	
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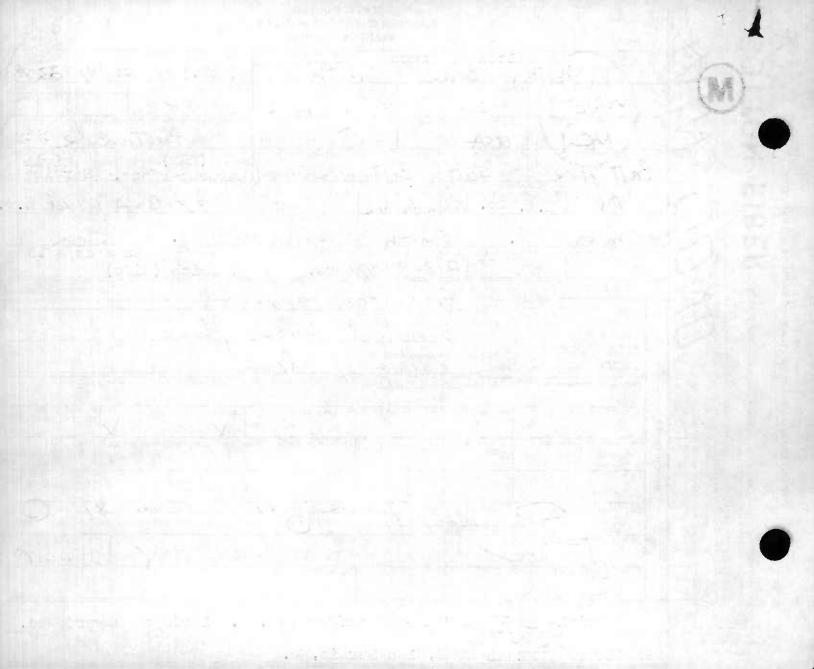
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1		REGISTRAR										
m 4		EASED NAME		1001			20	. DATE OF PEAT	MONTH D	AY YEAR	2b. HOUR	
death			ARTHA	M.		SMITH		ulil	81		8:42 3	
0.	3. SEX		4 RACE	-1	S. DATE C	DAY YF	AP	AGE (IN YEARS) LAST BI		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
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of Health		22a. I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did)	onI	118119	, or	d that in (my) (out) o	opinion deo	, toth occurred on the d	ofe and hour	9, ond from the	that (we) last	
RAL DIKE detached tote Dept VT: If Hen		22b. SIGNATURE	(1)		K	DEGREE ATTEND PHYSIC	DING /	MEDICAL STA DIRECTOR PHYSIC		22c. DATE	SIGNED	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Melton MIDDLE Bruce 20 DATE OF DEATH MONTH SMITH DAY 26 HOUR LIYPE OR PRINTY (NOV. 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER I YEAR DAYS HOURS 13,1902 White Sept. 7n BIRTHPLACE LOUNTRY? BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR DESIGNATION OF BUSINESS OR INDUSTRY C1V11 Service DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Carpenter/Mas USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS A.A. Co. YES 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE E. ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Anna M. Smith (Wife) NO APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line fogio), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse WI On PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. ď IN CERTIFYING CAUSES OF DEATH? NO [NO Mental Hygi 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (II this haspital attended the deceased from. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated e) (did ydid not) view the body ofter death 226. S/GNA DEGREE 22c. DATE SIGNED ATTENDING STAFF MEDICAL should be deta with the State [IMPORTANT PHYSICIAN DIRECTOR PHYSICIAN 220 PHY SICIAN'S NAME I TYPE OR PRINT! 22e ADDRESS 231. NAME OF CEMETERY OR CREMATORY 23d, LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 30 NOV'81 Meadowridge Mem.Pk. Elkridge BP Howard 24. FUNERAL DIRECTOR 28b EGISTRA 5 STANATURE DHMH - 16 50M 1/76 MARCES (VR A 15 (4)) SINGLETON FUNERAL HOME, Glen Burnie, MD.



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		14. FA	THER'S NAME			1			15. MOTHER'S MAIL			C/)		
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26	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOULD BY TO FUNER ID IRECT AFTER DEATH, WITH T BATTIMORE, MARYLAN	23a. Bl	JRIAL, CREMA	TION, REMOVAL 231		23c. N/	AME OF CEM	ETERY OR	CREMATORY	23d. LOC	CATION	COUR	NTV	YATE
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John H. Harkins, 600 Main Street, Delta, PA

STATE OF MARYLAND

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ALL STREET	

William C. March F/H 1101 E. North Ave

FOR

REGISTRAR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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2b. HOUR

HOURS

126 KIND OF BUSINESS OR

DAYS

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YES [

COUNTY

COUNTY

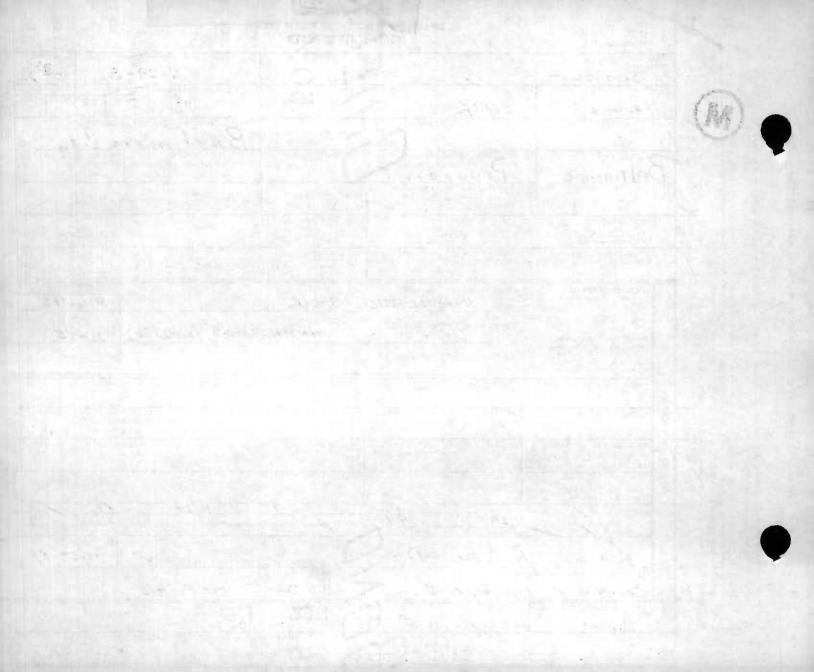
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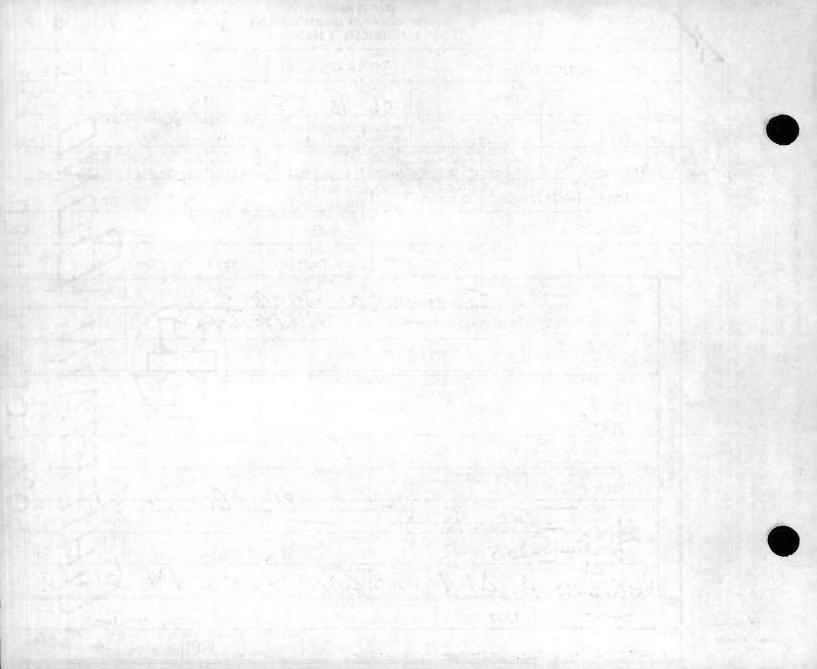
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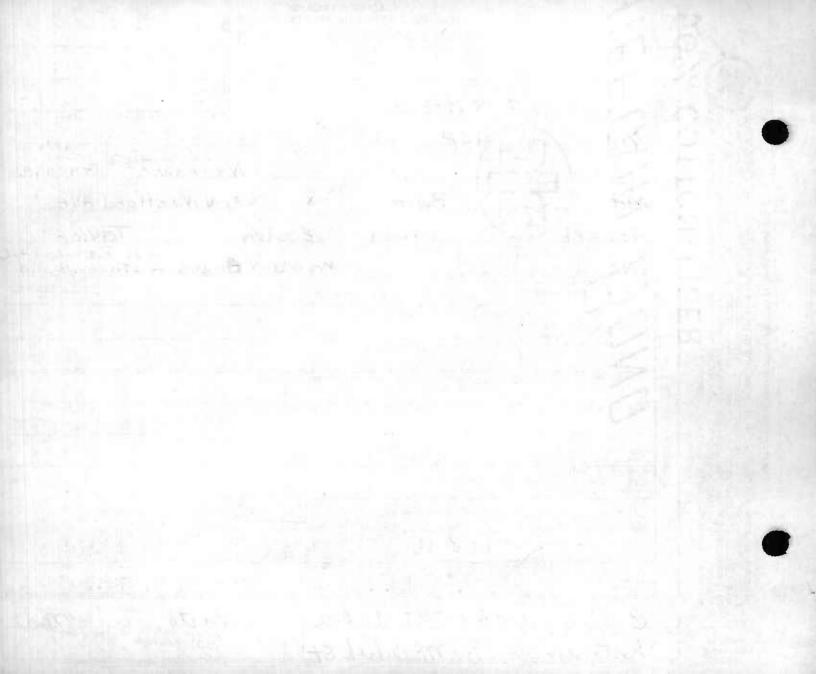
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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V SECHE	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)							12b KIND OF BUSINESS OR INDUSTRY		
DELAY IS N DELAY IS N DI TO THE FI NIN PAGE 50 DE FILED		Baltimore		831 N. Montford Avenue Mechanic							ae.	
ANN PEL		AL RESIDENCE (# IN NURSING HOME (TATE 113b COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDR	FSS A	10				
F ANY D SHOULD LECORE		Md	Bal	to	YES NO	931N1	NONTY.	ore	IA	ve		
Marie Contract of the Contract	14. F.	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDE	N NAME	AIDDLE			LAST		
ORE, METHORS AGES TAND PARTY OF VIEW		Voseph		eed	FUELV	/N	NIDDLE	75	JUI	2		
A PAR D	16a. \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SI	ECURITY NO.	17. INFORMANT		ADDRESS	0.7	27.	1-00	Jane	
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W. G. W. DIV		18. CAUSE OF DEATH (Enter or	ily ane cause per line far (a), (b), and	(c).)		7,437	71			PPROXIMATE		
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. VER ALONG W NER ALONG W ALM TOREMIT. REMOVAL.			DBY: TE CAUSE (o) Asphyxia b		ng from nec	k			8617	WEEN ONSE	T AND DEATH	
TO ALITE OVA		9530	DUE TO, OR AS A CONSEQU				11-11					
NEW NEW NEW NEW NEW NEW NEW NEW NEW NEW		Canditians, if any, which gave rise to immediate										
W. MEN.		cause (a) stating the under-		JENCE OF								
201 W. UTED W IN PEN IN IN PEN IN IN		lying cause last.	(c)									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
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E TOTOUR	윤									YES 🗌	NOXX	
u > u = 7 m on	MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. H	OW INJURY OCCURRED	LENTER NATURE OF IN	JURY IN ITEM 18 PAI	T 1 OR PA		123	NO.E.J.	
N STATE OF THE STA	¥	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH ? P.M. 11/4	YEAR 100	ound hanging							
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SCI CE SCI CE CE CE CE CE CE CE CE CE CE CE CE CE	X	WHILE AT WORK XX	street, FACTORY, FARM, ETC.)	831	N. Monford	AVE BA	Ttimore	Ci	VINITY	MD	STATE	
E. WASTA								0.00		- 14		
A P S S S S S S S S S S S S S S S S S S			ge of the remains described above, he			-		in my a	pinian			
ME SE		death resulted fram: Naty	fol couses . Accident .	Suicide	XX Hamicide	Undetermined m	anner,					
A WAY		ACTUAL TH	man		Assistant			DATE	11	1/5/8	1	
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2.	22. 5	(TYPE OR PRINT)	Hormez R. Guard				01 00 00 0	4 1 01				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23a.B	URIAL, CREMATION, REMOVAL	11 0 12 23C. NAME	OF CEMETERY C	RCREMATORY	23d. LOCATION	4	cou	NTY	ST	ATE	
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oy te	I. DE- (TYPE	CEASED NAME FIRST MIDDLE SAFETY 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR OF PRINT) BALLIA A STANDER S
	7a. BI	RIHPLACE ISTATE OR FOREIGN TA CITIZEN OF WHAT COUNTRY? 8
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	USU, 130. S	LESSIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE GEFORE ADDISSION) 136. COUNTY 137. COUNTY 138. COUNTY 139. COUNTY
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be execut for and co		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 117 INFORMANT ADDRESS 216-16-916 X JUINOR MONTH 5351 CHILLIAGO CO
W. PRESTON ST., bit he death certific y the attending phere remove carbon precention, or remother traumatic ever		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF
2 5 5 6 7	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 178 CERTIFYING CAUSES OF DEATH?
ISION OF VITA PHYSICIAN: Thending physicic this certificate the buriol-tronsit and Mental Hygii ed or Item 18 she	MEDICAL CERT	YES NO YES NO
R ATTENDI hospital or RECTOR: A red for use spt. of Heal		220.1 certify that (1) (this hospital) attended the deceased from
TO HOSPITAL Of retained by the TO FUNERAL DI should be detach with the State De IMPORTANT; If h		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA
15/1 BP	23a. B	URIAL, COEMPTION, REMOVAL 236. DATE / 81 23c NAME OF CEMETERY OR CREMATORY COUNTY COUNTY
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FU	INERAL DIRECTOR NAME 108 108 108 108 108 108 108 10

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		REGISTRAR					FICATE OF DEATH	REG. N	0.				
		CEASED NAME E OR PRINT)	FIRST		MIDDLE	100	LAST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26. HOUR		
			EORGE		J.	STEIN	BACH	11 10 81 5:50					
	3 SE			4. RACE 5. :			OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS		
		Male		Whi	.te	MONT	1 30 1918	62	YRS.	NIHS DATS	HOURS MIN.		
-		IRTHPLACE (STATE OR F	DREIGN		WHAT COUNTRY?	8. **A A DD10	D SKNEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH			
1		riu.		USA		WIDOW		BALTIMO	RE CITY		MD.		
0	10. C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION	12b. KIND O	F BUSINESS OR		
2/4		CITY			MEMORIAL		ITAL	Ret Engin		Rail:	road		
De	USU 13a	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION			13d. INSIDE CITY LIMITS?	In CIPELL ADDRESS		V 1 V			
BS		Md.	Ba.	lto	Ferry Ma	TI	YES NOTE NOTE	13e. STREET ADDRESS.	12 Tre	epid Re	d.		
- Ine	14 F/	ATHER'S NAME					15. MOTHER'S MAIDEN NA						
30		Frederi		St	ceinbach		Efise	WIDDLE	Sta1	fort			
0		WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS				
P 4	(YES, NO OR UNKNOWN)	"WW 1"	WAR OR DATES)	214 14 5	908	Vivian E. St	einbach	Same				
P P		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a) (b) and	1(c))				APPROXI	MATE INTERVAL ONSET AND DEATH		
,eut		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SQUBMOUS CELL CARCINO mA BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH											
ic e		1991	IMMEDIAI		DUE TO, OR AS A CONSEQUENCE OF								
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5		PART 2 OTHER SIGN	HEICANT	ONDITIONS CO	ONTRIBUTING TO F	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION GIVEN	I INI DADT 116			
Control of the contro	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101											
, and	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS				IGS USED		
2	FF	130000000000		112				YES IN NOT	IN CERTIFYIN		OF DEATH?		
o su	CER	210. ACCIDENT WAS UND	ERLYING [21c. HOW INJURY OCCURR				1.0 0		
E4		OR CONTRIBUTING C		16	M. MONTH DA								
or II	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR		21e PLACE (19	211 LOCATION						
Dex	ME	WHILE NOT WH	ILE 🗌	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE		
Волже		220 1 certify that (1)		tal) attended the	a deregand from		19	to.	10		that (I) (we) last		
5		saw the decease	Polist on	1	/) 19	1 , 01	nd that in (my) (our) apinion o						
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E	22- 6			9 1-		AME OF C		173d LOCATION	100	0711	,		
	230. 6	BURIAL, CREMATION, (SPECIFY) Buria		11-13	-1981 Pa	rkwo	emetery or Crematory	Parkvi]	110	Balto	STATE		
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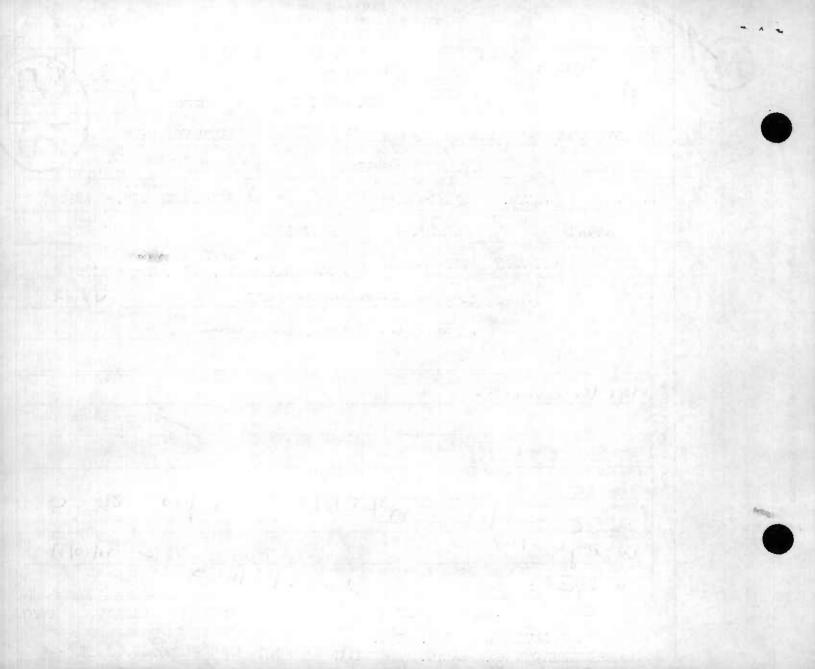
DHMH-16 30M 2/80 (VRA 15, 4) Mitchell-Wiedefeld Home 6500 York Rd.

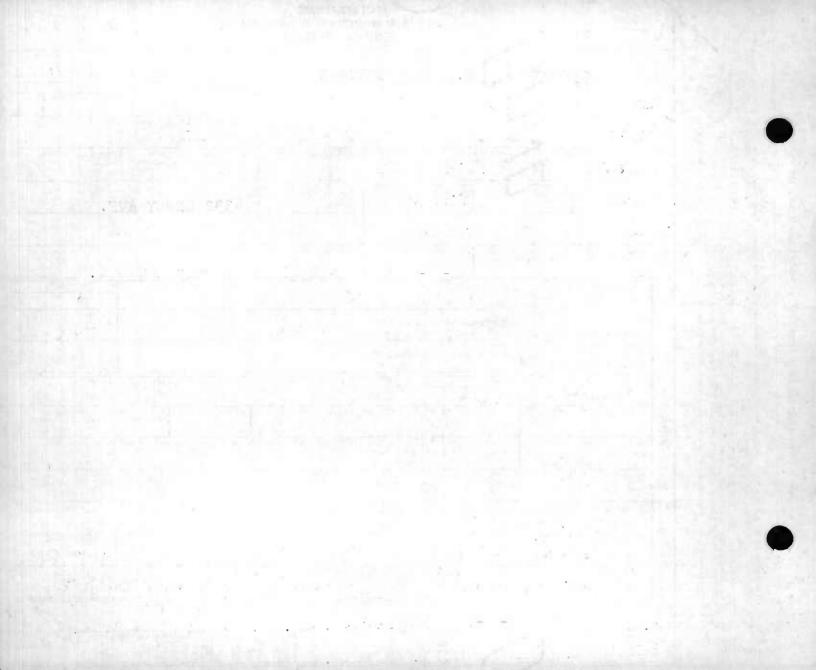
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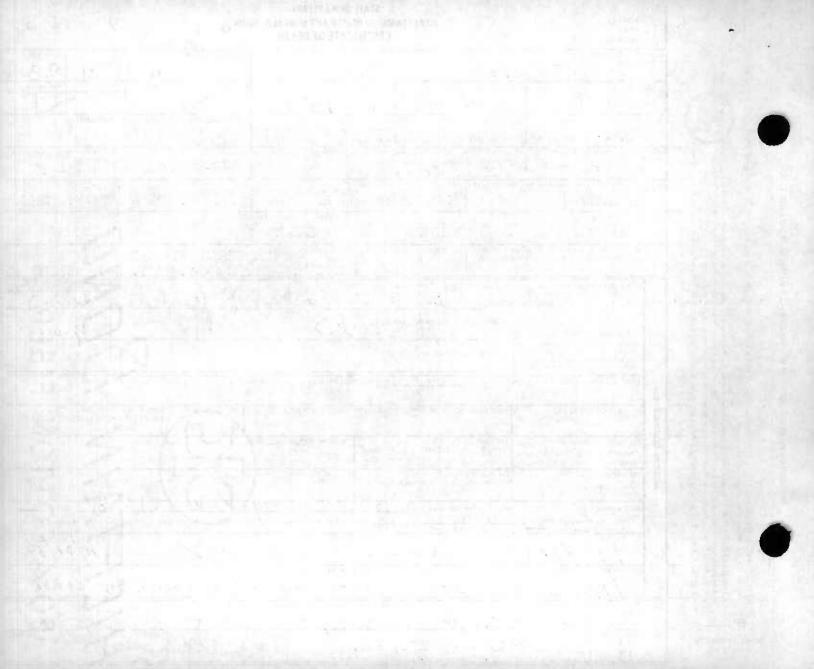
15-5		FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYD CICATE OF DEATH	GIENE 2 REG. NO.	2 9 9 9 9 2 2 47
25,37		CEASED NAME FIRST ORPRINT) Marie	a V. S	1	auer	11-12-8	DAY YEAR 126 HOUR
(M)	3. SE	female	white	S. DATE (- 29-92	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER LINES MONTHS DAYS HOURS MIN.
97	70. B	RTHPLACE (STATE OF FOREIGN COUNTRY) Germany	76 CITIZEN OF WHAT COUN Germany	TRY? 8 MARRIE WIDOW!	D NEVER MARRIED DIVORCED	Baltimore city or cou	INTY OF DEATH
14 THE STATE OF TH	T	ity or town of DEATH	11. NAME OF HOSPITAL, NI UF NOT IN SUCH FACILITY GIVE		tan	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Homemaker	
AND 213	1.3a. :	md. 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE NTY- 136. CITY OR	BEFORE ADMISSION) TOWN	13d INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS 5812 Me	adowood Rd
MARYL.		ATHER'S NAME Adam	MIDDLE LAS	as	15 MOTHER'S MAIDEN NA EIRST	th	Leydner
ALTIMORE.		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	8 3471	Gerda Koet	address ter	Same
201 W. PRESTON ST., B. es that the death certifical ned by the attending physical cremation, or remove viol, cremation, or remove v, or other troumatic event,	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EOUENCE OF BOUENCE OF OIS		NINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. II	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir offending physicion. Iffer this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER DID NOT WHILE NOT WHILE NOT WHILE	HOUR A.M. MONTH	DAY YEAR 19	211. HOW INJURY OCCURI 211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEA	M 18 PART I ORPART ?) COUNTY STATE
TO HOSPITAL OR ATTENDING Pretorned by the hospital or other to should be detached for use as the with the State Deet. of Health and IMPORTANT: If them 21 is marked		220.1 certify that (1) (this haspi	view the body after death.	19	ATTENDING PHYSICIAN	MEDICAL STAFF	_
2712 BB	23a. E	SURIAL, CREMATION, REMOVAL SPECIFYI Burial			EMETERY OR CREMATORY Mary's	23d LOCATION Baito.	COUNTY Md. STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	UNERAL DIRECTOR Her 905 York Road	nry W. Jenkir	ns & Sc	ons Co. 250 DAT	E REC'D. BY REGISTRAR 25b. RE	

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	3	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B	2 9	0	1 5
	- 100	1. DEC	EASED NAME FIRST	,	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
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e 4 moy	od a	3. SEX	MME	4. RACE	DHITE	S. DATE C	F BIRTH	6. AGÉ (IN YEARS LAST BIRTI	MONTH		HOURS MIN
deoth. Page	200		THPLACE STATE OF FOREIGN OLAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	MD
offer	in by the function of filed with		y or town of DEATH	(IF NOT IN SUC	LN Q Q L	G HOME C	PROTHER INSTITUTION	120 USUAL OCCUPATION SELF-EMPLO	YED IFE	TAI	LOR
AND 213	filled in hould be	130 S	MARYLAND		BALT IMO		13d INSIDE CITY LIMITS?	3952 W.NO	APT. I RTHERN I	B-2 PKWY.	21215
; MARYLAI	ond 2 st ond 2 st examine	14 FA	THER'S NAME MORTON	MIDDLE	STEVLER		15. MOTHER'S MAIDEN NAM SARAH	MIDDLE		NKNÓŴN	
BALTIMORE, MARYLAND 21201	s. Poges 1	160 W	AS DECEASED EVER IN U.S. A ES, NOOSUNKNOWN) (IF YES, G	ARMED FORCES? GIVE WAR OR DATES)	16b SOCIAL SECUR	RITY NO.		BESSIE STE IERN PKWY		2_#21	215
ST., BALI	ng physicic bonpopers removol. c event, the		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU: IMMEDI	only one couse per SED BY: ATE CAUSE (0)	11 7	e V	hycaralial	Sonfarce	con	APPROXIMA BETWEEN ON	SET AND DEATH
PRESTON he death of	ottendin ove corb stion, or i		4100 Conditions, if ony, which gove rise to immediate	DUE TO, O	R AS A CONTEGUE	NCE OF	4D	1		y	٥٠
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ORDS, 20	it. Then plion to bur injury, o	NOIL	PART 2. OTHER SIGNIFICAN				10 AND 10				
AL RECO	has be ene pri	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES O	S USED F DEATH?
OF VIT	certificate vriol-transit tental Hygi frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 C	OR PART 2)	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir	After this of the bull of the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N CO	DUNTY	STATE
TTENDIR Pitol or	or us of He 21 is		22a.l certify that (I) (this has sow the deceased alive obeve, (I) (aid) (did	on 1111	19	19.0	nd that in (my) (aux) opinion	death occurred on the do			ot (I) (we) l ast uses stated
At OR A the hos	RAL DIRECT detoched f tote Dept. o		22b. SIGNATURE	e I	2-	- M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _	11/2	GNED 1/8/
TO HOSPIT	TO FUNERAL E should be detor with the Stote E IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPI	- /	57		270 ADDRESS GREENSPRIN	6 + BELLKI	PERE AC	111	18
2 g BP		23a. B	URIAL, CREMATION, REMOVA PECIFY) BURIAL				ESSETH ISRAEL	23d. LOCATION CITY OR TOWN	ND ROSE	DALE	
	6 50M 1/76 .15 (4))	24. FU	NERAL DIRECTOR NAME SOL 010 REISTERST				250 DAT	OV 25 1981	PAREGISTRAM		



1	1			STATE OF MARYLAND		and park of				
10	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 29 0 9 0 9 5 CERTIFICATE OF DEATH								
	1 DF	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR TO HOUR				
2 (311)		OR PRINT)			Nov.	0 100				
I W'	1.5E	Anne	I RACE	Stick Is date of Birth	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
7 85	THE ST	Female	White	MONTH DAY YEAR 189		MONTHS DAYS HOURS MIN.				
	7a. BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.	9 BALTIMORE CITY OR COUNT					
8		COUNTRY)	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED						
1 3 /	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR				
be filed		City	(IF NOT IN SUCH FACILITY, GIVES	rial Hospital	TTO WORK FOR MOST OF WORKING					
serimust be	U5U/		OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	Homemaker	LOwn Home				
S S	-	Md.	Balt		? 13e. STREET ADDRESS	10.77				
Juner		THER'S NAME		15. MOTHER'S MAIDEN	NAME					
500	350	Thomas How	ard Fitch	ett Lilian	Glen	Davis				
icol		AS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIALS	ECURITY NO. 17. INFORMANT	ADDRESS	Davis				
novol.		(IF YES, G	IVE WAR OR DATES)	1-5804 Gordon 1	J. F. Stick Sr	Same				
the		18 CAUSE OF DEATH (Enter o	only one couse per line for (o), (b		· · · · · · · · · · · · · · · · · · ·	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
event,		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a) Thromb	ocytopenia + Ane	mia	REPORTED ONSET AND DEATH				
	15	2875	DUE TO, OR AS A CONSE							
ofion, o froumot		Conditions, if ony, which		enkemia						
E -		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE							
of the		underlying couse lost.	(c)	STOCKE OF						
ry, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	EVEN IN PART 1(0)				
2 .=	ION	Aortic &	stenosis, s/1	P Recent MI						
s ony	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?				
Mentol Hygiene	RTIF				YES NO	YES NO				
18 5	_	218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	3, PART 1 OR PART 2)				
Hem Hem	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19						
o p	MEDICAL	21d. INJURY OCCURRED	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
morked		AT WORK NOT WHILE								
.s.			oital) attended the deceased fro	0.1	, 10	, 19, that (1) (===) lost				
n 21		sow the deceased alive or obove, (I) ((a) (did)	ot) view the body ofter death.	9_81, and that in (my) (a) opini	on death occurred on the date and ha	our and from the causes stated				
ORTANT: If Item		226. SIGNATURE		DEGREE	WEDICAL CTARE	22c. DATE SIGNED				
	110	William 4	: Chen	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/9/81				
TA I		22d. PHYSICIAN'S NAME (TOPE		22e. ADDRESS	11	Dund lasta m				
IMPORTANT: I		WILLIAM '	Y. CHEN	UNION MEM	1. ItOSP. 201 E. UN	IV. PKWY., DALIU, M				
3 4	23a. B	URIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATOR		- COUNTY				
		Cremation	11-10-81	Security Process		Balto. Md.				
M 2/80		INERAL DIRECTOR	ADDRE	1,005 Vark Rd 250. E	DATE REC'D. BY REGISTRAR 256. REGIS	STRAT'S SIGNATURE THE				
4)	H	enry W. Jenk	ins & Sons C	o.,Balto.,Md.	NOV 1 0 1981 Car	cas Diany				

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

#16a, Film G561 11/18/81

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

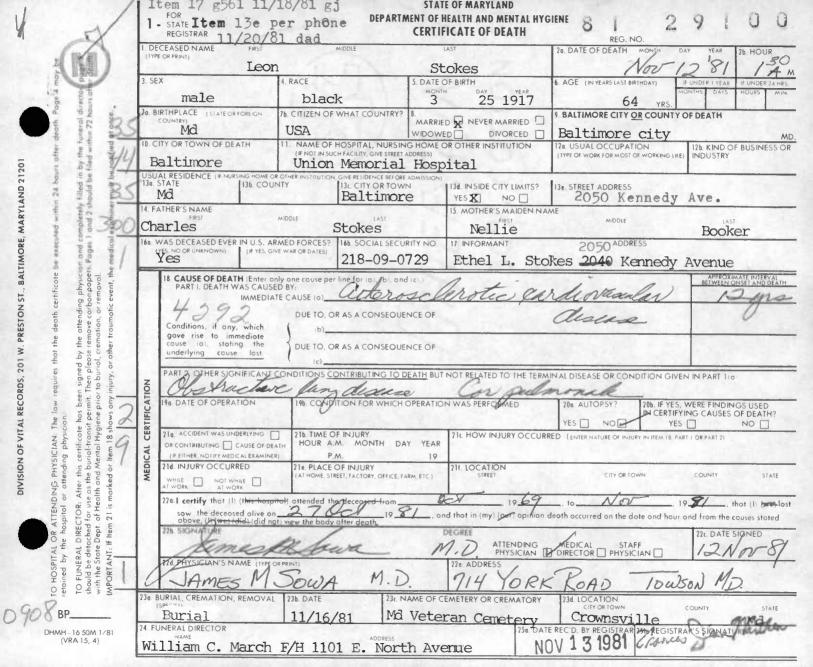
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CURNS FUNCTOR CHARGE STATES STATES AND STATES OF THE

1	1.	FOR STATE REGISTRAR	TE STRAKE CERTIFICATE OF DEATH REG. NO.									
25		CEASED NAME FIRST CORIL	NE MIDDLE		ST	OKES	November	MONIH	1981	26 HOUR 11:35p		
(M)	3. SE	x female	4 RACE black		5. DATE C	2 DAY 1921 EAR	6 AGE (IN YEARS LAST BI	RIHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
2 8 3		IRTHPLACE ISTATE OR FOREIGN Va	76. CITIZEN OF WHAT		MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF BALTIMOR	Y OF DEATH	MD			
33		ITY OR TOWN OF DEATH		JOHNS HOPKINS HOS						OF BUSINESS OR		
ompletely filled in 1 and 2 shapild be 1 examiner flyst be	13o. S	AL RESIDENCE (IF NURSING HOME STATE 136/COU	NTY 13c C	SIDENCE BEFORE AL HTY OR TOWN timore	DMISSION)	13d INSIDE CITY LIMITS?	130 STREET ADDRESS 1657 Cliftview Av		Avenue			
	Wil	ATHER'S NAME Lie		Logan 15. MOTHER'S MAIL Mary			WIDDLE			tcher		
medico		VAS DECEASED EVER IN U.S. AI YES, NO ORJINKNOWN) (IF YES, GI	RMED FORCES? 166 SO	OCIAL SECURI		17. INFORMANT Mary Logan 1	ADDR 657 Cliftvi		enue			
movol.		18. CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	nly one cause per line to ED BY. ITE CAUSE (a)	r (a), (b), and (A	SCAL			BETWEEN	IMATE INTERVAL ONSET AND DEATH		
ove corbo otion, or re roumotic e		Conditions, if any, which gave rise to immediate										
or other		cause (a), stating the underlying couse last	DUE TO, OR AS A									
injury.	NOI	PART 2 OTHER SIGNIFICANT	Conditions <u>Contrib</u>	BUTING TO DE	ATH BUT	NOT RELATED TO THE TERA	AIN AL DISEASE OR CON	DITION GI	VEN IN PART 10			
hows ony	CERTIFICATION	190 DATE OF OPERATION		Ø	PERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTI	S, WERE FINDIN FYING CAUSES ES [OF DEATH?		
them 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. M		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)			
rh ond M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET, FAC		M, ETC)	211. LOCATION STREET	CITY OR IC	IWN	COUNTY	STATE		
for use of Heal		270.1 certify that (I) (this hosp saw the deceased alive or abave, (I) (we) (did) (did no		2 1951	, on	d that in (my) (our) opinion	death occurred on the d	1/2, ate and hor		that (I) (we) lost causes stated		
detochec detochec tate Dept		77b. SIGNATURE	l8 6m	i	N	ATTENDING PHYSICIAN [MEDICAL STAI	FF CIAND	22c DATE	SIGNED 2/81		
hould be with the St.		Sarid S	Gunica			Dept of 6	Yn Johns	Physik	in 1 tray	Bolt		
	E	URIAL, CREMATION, REMOVAL SPECIFY) Urial	23b. DATE 11/6/81			Memorial Par	23d LOCATION CITY OR TOWN Arbutus		COUNTY	Md ^{STATE}		
OM 1/81 5, 4)		NERAL DIRECTOR	E/U 1101 E	ADDRESS	ο Δτ		TE REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	Wathen		

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I. DECEASED NA (TYPE OR PRINT)

USUAL RESIDENCE Maryland

Lero 160 WAS DECEAS (YES NO OR UNK NO 18 CAUSE

23a BURIAL, CREMATION, REMOVAL

23b. DATE

Fema BIRTHPLACE Maryla O CITY OR TOW Baltimo:

3. SEX

FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYI IEALTH AND ICATE OF	MENTAL HY	0 1	G. NO.	9	d d	G	1
DECEASED NAME	FIRST		MIDDLE		IAST		20 DATE OF DEAT	Н момтн	DAY	YEAR	2h HOUI	2
THE OR PRINT!	BEULAF	I M	i.	ST	OLZENB	ACH		11	14	81	34	8. M
SEX		4 RACE		5. DATE C			6. AGE (IN YEARS LA	ST BIRTHDAY)		RIYEAR	IF UNDER	-
Female		Wh	ite	nonth	17	31 YEAR	50	YRS	MONTHS	DAYS	HOURS	MIN.
BIRTHPLACE (STATE C	OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8.	NEVER	MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DE	ATH		
Maryland		U.S.A	•	WIDOWE		NORCED	Balti	more C	itv			MD.
CITY OR TOWN OF D	EATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	DDRESS)	OR OTHER INS	STITUTION	12a USUAL OCCU (TYPE OF WORK FOR MY Housew	PATION OST OF WORKING	12b.		FBUSINE	SSOR
oual residence (IF NO a. STATE Maryland	13b. COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Baltimon	4	13d. INSIDE	CITY LIMITS?	13e STREET ADDRE		Avei	nue	2122	.3
FATHER'S NAME	٨	AIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME	LF.	UTXT .	LAST		
Leroy		Α.	Triesch	man	1	Mary	C.	**		Car		
WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORM	ANT	ΑI	DDRESS				
NO	(# 123, 3112	WAR OR DAIES	213-26-5	374	Dona1	d R. Tr	ieschman	1557	Clai	ride	e Ro	ad_
18 CAUSE OF DEATH PART I. DEATH Conditions, if or	IMMEDIATE my, which	S BY: E CAUSE (a)	line far (a), (b), and Cardia RAS A CONSEQUEI COUSE	C a	rrest						ay 3	

		IMMEDIATE C	AUSE (a) Cardiac a	rrest		5 days			
4		4275	DUE TO, OR AS A CONSEQUENCE OF L						
		Canditians, if any, which	(b) Couse unk	nown					
		gave rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEQUENCE OF						
		underlying cause lost	(6)						
1		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE OR CON	DITION GIVEN IN PART 11g			
	NO.	Left lung	infiltrate						
5	CAT	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED				
	CERTIFIC				YES NO	IN CERTIFYING CAUSES OF DEATH'			
2	G	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2}			
4	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	133					
-	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION					
WE	W	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY STA	E		
П	Tt.	22a. I certify that (I) (this hospital)	ottended the deceased from	V 10 19 81	_, to/\0,1	14, 19 81, that The we) lost		
4		sow the deceased alive an above, (l) (we) (did) (did not) vi	ew the body after death.	d that in (my) (aur) apinian de	ath accurred an the do	ate and hour and fram the causes state	d		
- 1		22b. SIGNATURE	2	DEGREE		1221 DATE SIGNED			

22e ADDRESS

(VRA 15, 4)

Burial 11/18/81 Good Shepherd Cem.

24 FUNERAL DIRECTOR Balto, Md. 21229

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

23d LOCATION
CITY OR TOWN
Ellicott City Howard Co.

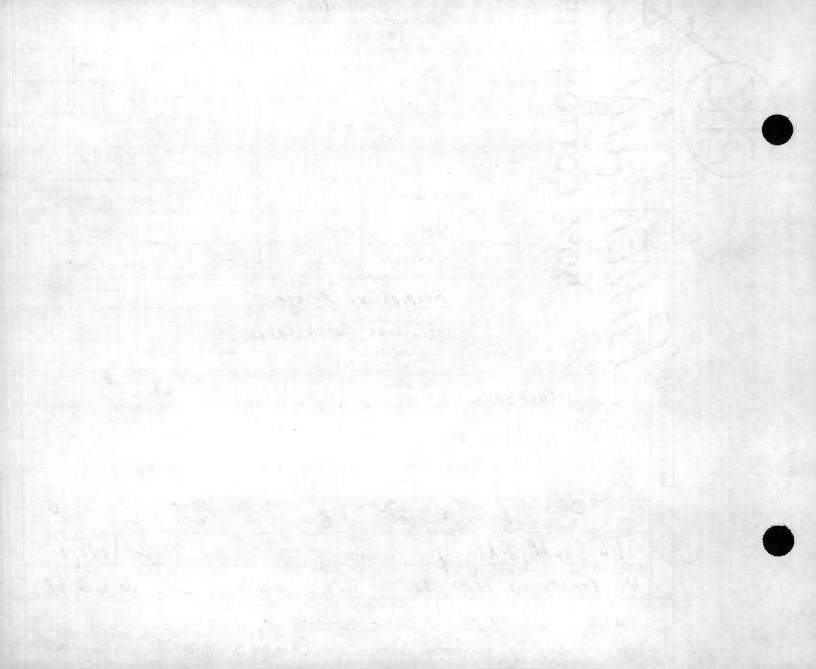
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE

REGISTRAR



Alan Seitz, Jr. Funeral Homes 3818 Roland Ave

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH-16 30M 2/B0

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH

26 HOUR

10:10

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Knight

APPROXIMATE INTERVAL

IF UNDER 24 HRS

1981

IF UNDER I YEAR

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COUNTY

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	I. DECE ASE	D NAME FIRST		MIDDLE	· · ·	AST	20		MONTH DAY	YEAR 2	b. HOUR
nay be page 3 death	(TYPE OR PRIN	" HELE		J.	ST	UPAK			11 14	01	53 AM
ector, preserver	3 SEX	Female	Cruca	sian	S DATE C		rEAR 6	AGE (IN YEARS LAST BIRT			HOURS MIN
d in	To BIRTHPL	ACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8		- 0 9	BALTIMORE CITY O		DEATH	
uneral	COBITRY		U.S.	.A.	WIDOWE		ED 🗌	Baltimor			MD.
by the fed with	Bal	L More		CH FACILITY GIVE STREE		or other institute		USUAL OCCUPATION OF WORK FOR MOST O		12h. KIND OF I	BUSINESS OR
in 24 ho	USUAL RES	IDENCE (IF NURSING HOME OF	OTHER INSTITUTION		RE ADMISSION)	134 INSIDE CITY LIV		STREET ADDRESS	nel Sti	2004 -2	0/22/1
maryla cuted with ompletely and 2 shou	14 FATHER		Wegrock			15. MOTHER'S MAIL FIRST	A1	Guzinski	rex Ji	LAST	
rimore, te be exect an and co Pages 1 a	(YES, NO	CEASED EVER IN U.S. AR DRUNKNOWN) (IF YES, GIVE	MED FORCES? E WAR OR DATES)	215-14-		17 INFORMANT Mr. Fran	ncis M	ADDRE	ss 4415 9	Parkmon	21206 + Ave.
W. PRESTON ST., BAL that the death certifica by the attending physici s remove carbon papers c, cremation, or removal or other traumatic even	Cone gave cous	AUSE OF DEATH (Enter on ART I. DEATH WAS CAUSE IMMEDIAT ditions, if any, which erise to immediate erise), stofting the erlying couse lost.	DUE TO, O	R AS A PONSEOL	JENCE OF	rest				BETWEEN ON	howz
he law requires the law requires the law been signed the mit. Then please e prior to burial ows any injury,	PART	2 OTHER SIGNIFICANT OF ATE OF OPERATION		ITION FOR WHICH		NOT RELATED TO THE		AL DISEASE OR CONI	120h IF YES, W	IN PART 1(0) (ERE FINDING	S USED
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PHY PHY By PHY Men I dor	<u> </u>	NJURY OCCURRED		OF INJURY	19	211 LOCATION			- 1	101	
DING P ttending After th the bu	WHILI AT WO	NOT WHILE []			FARM, ETC.)	STREET	er.	CITYORTOW	657	COUNTY	STATE
TOR: use as t Heali		certify that (I) (this hospi	110	deceased from	14 10	, 19	6	, to	., 19.	6], the	at (I) (we) lost
Spite Spite Tor t. ol	0	bove, (I) (we) (did) (did no					opinion dea	th occurred on the do	rie ond nour or		
the hos	22b. S	Dale C	Kyrho	not M	9	DEGREE ATTEN PHYSI	IDING A	MEDICAL STAF	IAND	11 - 14	+-8)
TO HOSPITAL etained by the TO FUNERAL should be derac with the State I	22d. P	ALE C KE	eprint)	1		Baltin	nore	City	Hosp	itals	
160 BP	(SPECIFY)	, CREMATION, REMOVAL	286. DATE	230	NAME OF C	emetery or cremi	em.	23d LOCATION CITY OR TOWN	o. M.co	UNTY	STATE
1-0	24 FUNERA	LDIRECTOR	11-1/	-01			0	C'D. BY REGISTRAR		R'S SIGNATUR	RE OU
DHMH-16 25M (VRA 15, 4) 1/79	John	(. Miller 1	nc-6415	Belair	Rd21	206	1	VOV 1 6 19	11 /	me Ja	Marthen

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Vil	1	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	YGIENE R	29108
10 /3		- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
. n		DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR 2b. HOUR
o A pe		FANN		SUGAR	NOVEMBER 2	5,1981 8 7 Am
4 (W)	1	FEMALE	4 RACE WHITE	JAN. 10, DAY 1889	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
eoth. Po	35	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED XX DIVORCED		
o)	20	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORK HOUSEWIFE	(ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY HOME
24 hour 24 hour ould he moult be mould	3	SUAL RESIDENCE (IF NURSING HOME OF BOOK STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13. SIREET ADDRESS HT	APT. 306
MARYLAND 2120 ed within 24 hours mpletely filled in the ond 2 should bit it	390	FATHER'S NAME FIRST BENJAMIN	MIDDLE KRULEWI	15. MOTHER'S MAIDEN N		GRËËN
BALTIMORE, in the between the second on the	110	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC 213-74-		R. BENJAMANDRBUG YDALE DR. BALTO	
ST., BALT errificate b g physicio onpopers. emovol.		PART I. DEATH WAS CAUSI		rulm mary Uno		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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that the shot the lease remial, crema		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	DENCE OF		
Se es		PART 2 OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	N GIVEN IN PART 110
AL RECO	9	190 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physicion. After this certificate has been sig as the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked at Item 18 shows ony injury	1	OR COMPRESSION OF CHURCOSE	ATH HOUR A.M. MONTH D	AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITE	M 18 PART OR PART 2)
DIVISION DING PHYSI or ottending After this or se os the burian orleh and Me		21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e: PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE,	FARM. ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIA ATTENDIA Sepital or ECTOR: Al of for use of the off m 21 is mo		sow the deceased alive or	ot) view the body after death.	1, and that in my (our) opinio	6 , to Nov V	d hour and from the causes stated
AL OR the ho AL DIRE letoche ofe Dep		22b. SIGNATURE 2+ - Ronal	ed Fredmon	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O HOSPIT efoined by TO FUNER should be with the Sto	/	DR. RONALD FR		ne ADDRESS 6715 PARK H		
1119 BP	23	g BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	. 23b. DATE 23c	NAME OF CEMETERY OF CREMATORY		COUMARYLANDTATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24	FUNERALDIRECTOR SOL L	EVINSON & BROS., WN RD. BALTO.,		ATE REC'D. BY REGISTRAR 25b. RE	EGISTRAR'S SIGNATURE
	=		Ditaroi,	1.0	CO 1 1981 CA	cas and astrone

	- STATE REGISTRAR		DETART		EALTH AND MENTAL	HIGHENE 8	REG. NO.	2 9	1	U Y
		FIRST	MIDDLE	L	AST	20. DATE O		DAY	YEAR	2b. HOUR
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3. S	SEX	4 RACE		5. DATE O			YEARS LAST BIRTHDAY)		ER I VEAR	IF UNDER 24 HRS
1	Male	Black	c	MONTH 4	15 14	67	YF	MONTHS	DAYS	HOURS MIN
70.	BIRTHPLACE (STATE OR FOR	REIGN 76 CITIZEN O	F WHAT COUNTRY?	8	X NEVER MARRIED	9 BALTIMO	RE CITY OR COU		EATH	
V3//	North Caroli	ina U.S.	. A.	WIDOWE		□ Bal	timore			
1/2	CITY OR TOWN OF DEATH Baltimore	H 11. NAME O	F HOSPITAL, NURSIN	ADDRESS)	rother institution ryland 2121	(TYPE OF WOR	OCCUPATION RK FOR MOST OF WORKING		KIND OF	F BUSINESS C
(1)	Maryland E	Baltimore	Baltimo	E ADMISSION)	13d. INSIDE CITY LIMIT YES X NO	S? 13e. STREET		timor	e, St	treet
o Tall	JOHN JOHN	MIDDLE	SURTON		15. MOTHER'S MAIDEN	NAME	WIDDLE		HÎ	LL
medico	WAS DECEASED EVER IN	U.S. ARMED FORCES		JRITY NO.	17. INFORMANT		ADDRESS			
me /	Yes	WWII	229-12-9	713	VAMC reco	rds, Bal	timore, 1	Mary1	and 2	21218
t, t	18 CAUSE OF DEATH PART I. DEATH WAS	Enter only one cause p	er line for (a), (b), an	d(c)	٨	· L.			APPROXIM BETWEEN O	AATE INTERVAL
Ne u		S CAUSED BY: AMEDIATE CAUSE (0)_	Cardio	pulmo	um Ame	55				
tic of	1991	DUE TO,	OR AS A CONSEQU	ENICE OF				350		7.5
Ŭ, Ŭ,	Conditions, if ony, w		Metast	1114	Adenocin	CIUCINIA				
5 -	gave rise to immed	J								
<u>-</u>	couse (o), stating		OP AS A CONSEQUE	ENICE OF			The state			
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prior to burial, cremo ony injury, or other t	couse (o), storing underlying couse PART 2 OTHER SIGNIF	the lost. DUE TO, (c)_		DEATH BUT	NOT RELATED TO THE		OPSY? 20b. IF	YES, WER	E FINDING	GS USED
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTII	ICATE OF D	EATH	REG. NO.			
		CEASED NAME FIRST E OR PRINT) ALEXANDER	J.	SZYMZ	ANIK		2a. DATE OF DEATH MON	29	YEAR 81	26 HOUR 4;0 Bm
	3. SE	X	4 RACE	5. DATE 0			6. AGE (IN YEARS LAST BIRTHDA		DER 1 YEAR	IF UNDER 24 HRS
0		ale	White	2	19	1922	59	YRS	HS DAYS	HOURS MIN.
5	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8.	D X NEVER N	ARRIED	9 BALTIMORE CITY OR C			
1		aryland	U.S.A			ORCED [Baltimore		У	MD.
1	100		(IF NOT IN SUCH FACIL	TAL, NURSING HOME (17a USUAL OCCUPATION		b. KIND OF	F BUSINESS OR
2		altimore /		ospital C	orpora	tion	Stockman		G.M.	Corp.
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 1986 COUN BALT		ITY OR TOWN	134 INSIDE CI	TY LIMITS?	13e STREET ADDRESS 1729 Stoke	esley	Roa	d
2	14 FA	ATHER'S NAME FIRST	AIDDLE	LAST	15. MOTHER'S				1451	7 - 1923
26		John		ymanik	Chr	istin	е		Wen	tland
1		WAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMAL					sley Ro
P			II 22	0-05-0719	Helen	F. S	zymanik Ba	alto.	, MD	. 21222
		PART I. DEATH Enter onl PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CI	DUE TO, OR AS A	UNG CANCE			N METASTASI			MATE INTERVAL
	NO.		THE PARTY							
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	DITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO			
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. A	JRY MONTH DAY YEAR 19	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN I			ITEM 18, PART 1 (OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN.	JURY CTORY, OFFICE, FARM, ETC.)	211. LOCATIO STREET	N	CITY OR TOWN		COUNTY	STATE
		22a.1 certify that (1) (this hospition saw the deceased alive on above (1) (we) (did not				, 19 <mark>81</mark> our) opinian d	, ta11-29 death occurred an the date of	nd havr and	81, form the c	that (1) (we) last

XXXXXXXX CHI-SHIANG CHEN 22e ADDRESS CHURCH HOSPITAL CORPORATION BROADWAY BALTIMORE, MD. & 100 21231

MEDICAL STAFF
DIRECTOR PHYSICIAN

23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 12/3/1981 Oak Lawn

73d. LOCATION Baltimore

25a DATE REC'D. BY REGISTRAR 1981

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached with the State Dep

MPORTANT.

74 FUNERAL DIRECTOR Duda-Ruck, Inc.
7922 Wise Avenue Dundalk, MD.

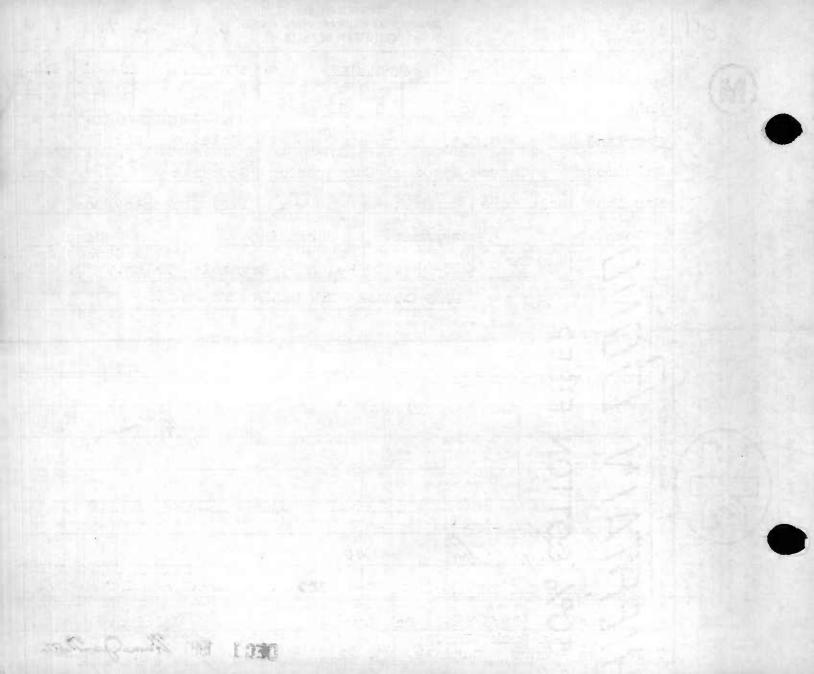
274 PHYSICIAN'S NAME (TYPE OR PRINT)

DEGREE

77c. DATE SIGNED

STATE

MD.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Frank Edward 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 9:39 DEAD white male 11-10-81 DM . BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH IN AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 02 Bonsal Street OR MOST OF WORKING LIFE! Baltimore Bonsal RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY EDIC INSIDE CITY ESMITS? IDE. STREET ADDRE attomore AND 2 SHOFWITAL GIVE PAGES 1, ITH FORM PM MIDDLE ADDRESS. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION PAGES ALONG WITH BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, DI ATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic DUE TO, OR AS A CONSEQUENCE OF IN PENCIL IN EXAMINER Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF EXECUTED OF HEALTH AND MEI URIAL, CREMATION, C lying cause last. PENDING" PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL ENVANNER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITINGS THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES | NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN JEW 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY FATHOME II LOCATION STREET, FACTORY, FARM, ETC.1 WHILE STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 229. I certify that I tack charge of the remains described above, held on Inspection X Autapsy Inquiry and in my apinion death resulted fram: Natural causes Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE 11-11-81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME A. Korell, M.D. ADDRESS Margarita Penn Street (TYPE OR PRINT) IAL CREMATION REMOVAL 738 DATE NOV 1 2 1981 DHMH - 17 (VR A15 ME (5)) 15M 2/80

